



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

received 9/1/14-cd

**REVIEWED**  
 By Carol Day at 1:42 pm, Sep 08, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 20231	NAME OF AGENCY Thayer Police Department	DATE OF INSPECTION 08/21/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Thayer Police Department 102 Front St. Thayer, Missouri		TIME OF INSPECTION 4:42 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 08/31/2014 16:42
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS.
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Lab LOT # 14030 EXP. DATE 01/20/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD 2301 EXP. DATE 03/12/2015

**CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → .099	TEST 2 → .100	TEST 3 → .100
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	OVER .19
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

<b>INSPECTING OFFICER</b>	
SIGNATURE Sgt. J. A. Martin	PRINT FULL NAME Sgt. James A. Martin
TYPE II PERMIT NUMBER/EXPIRATION DATE 230328 12/23/2015	TELEPHONE NUMBER (417) 264-3819

RETURN COMPLETED REPORT TO THE:  
 Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201231  
08/31/14

TESTING OFFICER:  
MARTIN/JAMES/A  
OFFICER I.D.: 4094  
PERMIT NUMBER: 230328  
EXPIRATION DATE: 12/23/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:45
INTERNAL STANDARD	VERIFIED	16:45
EXTERNAL STANDARD	.099	16:45
BLANK TEST	.000	16:46
EXTERNAL STANDARD	.100	16:47
BLANK TEST	.000	16:47
EXTERNAL STANDARD	.100	16:48
BLANK TEST	.000	16:48

N = 3  
SIM. = .1  
AVG. = .0996

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201231  
08/31/14  
16:42

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNOQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~

Signature Sgt. J. A. Martin 4094

Operator Signature Sgt. J. A. Martin 4094

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201201  
06/31/14

ARREST TIME: 16:35  
SUBJECT NAME:  
MASTER/DATA  
DOB: 06/03/02 SEX: M  
STATE/I.D.: MO/012345  
ARRESTING OFFICER:  
MARTIN/J/R  
OFFICER I.D.: 4094  
TESTING OFFICER:  
MARTIN/JAMES/A  
OFFICER I.D.: 4094  
PERMIT NUMBER: 230020  
EXPIRATION DATE: 12/31/15  
MISCELLANEOUS DATA  
R.F.I. TEST  
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:32
INTERNAL STANDARD	VERIFIED	16:32
RADIO INTERFERENCE		

Operator Signature

*J. J. A. Martin* 4094



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2956 VOICE 1-800-735-2466  
 Margaret T. Donnelly  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

**SIMULATOR CALIBRATION REPORT**

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Thayer Police Department  
 Serial Number: SD 2301  
 Manufacturer: Guth  
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
34.00	34.0

This calibration was performed with  
 NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutner

This calibration was performed: 03/12/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications



SIMULATOR SERIAL NO.:	<u>SD2301</u>
EXPIRATION DATE:	<u>03/12/2015</u>
DATE OF CALIBRATION:	<u>03/12/2014</u>
NIST REF. THERM. SERIAL NO.:	<u>304447</u>
AVERAGE SIM. TEMP.:	<u>34.00 C</u>
ANALYST INITIALS:	<u>BML</u>



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**

**JAMES A MARTIN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/23/2013

NUMBER 230328

EXPIRES 12/23/2015

MO 550-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)