



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

RECEIVED 3/9/14-CD **REPORT #6**

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or at the time of the instrument's preventive maintenance check. 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.

**REVIEWED**  
 By Carol Day at 2:34 pm, Mar 31, 2014

DATAMASTER SN 201232	NAME OF AGENCY Salem Police Department	DATE OF INSPECTION 02/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 500 North Jackson Street, Salem 65560		TIME OF INSPECTION 8:39 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) 02/28/14 2039
<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 Laboratories	LOT # 13280 EXP. DATE 10/16/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD2774 EXP. DATE 04/24/2014
<input checked="" type="checkbox"/> 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 → .100	TEST 2 → .101	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)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	OVER .19	1
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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).

INSPECTING OFFICER	
SIGNATURE <i>Sgt. Robert T. Simpson #15</i>	PRINT FULL NAME Robert T. Simpson
TYPE II PERMIT NUMBER/EXPIRATION DATE 220238 09/07/2014	TELEPHONE NUMBER (573) 729-4242

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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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 MASSACHUSETTS  
SHELBY POLICE DEPARTMENT

ENC ORTHOMASTER SERIAL NUMBER 201232  
02/28/14

WAKEST TOWN 20:30  
COLLECTOR NAME:

DATE: 02/28/14  
OFFICER: GEMO R  
SHELBURY POLICE  
ARRESTING OFFICER:

OFFICER: JAMES J. MURPHY  
SHELBY POLICE  
SHELBURY POLICE  
OFFICER: JAMES J. MURPHY  
SHELBY POLICE  
ARRESTING OFFICER: JAMES J. MURPHY  
SHELBY POLICE  
OFFICER: JAMES J. MURPHY  
SHELBY POLICE  
ARRESTING OFFICER: JAMES J. MURPHY  
SHELBY POLICE

ALCOHOL TEST  
ALCOHOL STANDARD VERIFIED 20149  
FIELD INTERFERENCE 20149

OPERATOR SIGNATURE

*James J. Murphy #105*

Card Stock No. 80021  
REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, WAINSFIELD, OH 44901



State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



ROBERT T SIMPSON

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/07/2012

Number 220238

Expires 09/07/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)