



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

**RECEIVED**

REPORT #6

By Carol Day at 12:47 pm, Jul 03, 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 201240	NAME OF AGENCY Wayne County Sheriff Department	DATE OF INSPECTION 06/29/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) Piedmont Police Department 116 Green St Piedmont, MO 63957	TIME OF INSPECTION 1:25 am
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**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) 06-29-2014/1:27 AM
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 14110 EXP. DATE 05/01/2014

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD 2257 EXP. DATE 03/16/2015

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)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .101%	TEST 2 .103%	TEST 3 .103%
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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)	1	(.10-.14)	1	(.15-.19)	0	OVER .19	0
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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 ▶	PRINT FULL NAME Travis JE Hanger
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240094/03-11-2016	TELEPHONE NUMBER (573) 223-4300
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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 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240

06/29/14

01:27

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS: SAC

SAMPLE CHAMBER: SAC

FLAM DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUALITY STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

1#220 (000) 1/23224567891011121314151617181920  
HI KLINGSTON STERILIZER 1/23224567891011121314151617181920  
DATE 06/29/14

Operator Signature

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
06/29/14

TESTING OFFICER:  
HANGER/TRAVIS/JE  
OFFICER I.D.: 339  
PERMIT NUMBER: 240094  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:22
INTERNAL STANDARD	VERIFIED	01:22
EXTERNAL STANDARD	.100	01:22
BLANK TEST	.000	01:23
EXTERNAL STANDARD	.100	01:23
BLANK TEST	.000	01:24
EXTERNAL STANDARD	.100	01:24
BLANK TEST	.000	01:25

N = 3  
SIM. = .1  
AVG. = .1023

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
06/29/14

ARREST TIME: 23:00  
SUBJECT NAME:  
TEST  
DOB: 01/01/81 SEX: M  
STATE/D.L.: MO/12344523  
ARRESTING OFFICER:  
HANGER/TRAVIS/JE  
OFFICER I.D.: 339  
TESTING OFFICER:  
HANGER/TRAVIS/JE  
OFFICER I.D.: 339  
PERMIT NUMBER: 240094  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	01:28
INTERNAL STANDARD	VERIFIED	01:28
RADIO INTERFERENCE		



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

2

**PERMIT**  
**TYPE II**

**TRAVIS J E HANGGER**

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 3/11/2014

NUMBER 240094

EXPIRES 3/11/2016

MO-560-0771 (6-10)

*W. W. S.*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Shad Vorkley*  
 Acting Director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAS-4 (05-10)