



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

**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 10:08 am, Apr 15, 2014

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 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<br>201267   | NAME OF AGENCY<br>Winona Police Department | DATE OF INSPECTION<br>04/04/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Winona Police Department Winona, Mo |  | TIME OF INSPECTION<br>1:11 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) 04/04/2014 13:11      |
| <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 Guyh Laboratories, Inc. LOT # 13280 EXP. DATE 10/16/2015 |

|   |
|---|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.1 °C SIMULATOR SN 11115 EXP. DATE 01/09/2015 |
|---|

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 0.098 | TEST 2 0.098 | TEST 3 0.099 |
|--------------|--------------|--------------|

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 | 1 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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<br>  | PRINT FULL NAME<br>Daniel W. Hinten |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220312 09/28/2014 | TELEPHONE NUMBER<br>(417) 469-3121  |

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

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WINONA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201267  
04/04/14

TESTING OFFICER:  
HINTEN/D/W  
OFFICER I.D.: 778  
PERMIT NUMBER: 220312  
EXPIRATION DATE: 09/28/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 13:17 |
| INTERNAL STANDARD | VERIFIED | 13:17 |
| EXTERNAL STANDARD | .098     | 13:17 |
| BLANK TEST        | .000     | 13:18 |
| EXTERNAL STANDARD | .098     | 13:18 |
| BLANK TEST        | .000     | 13:19 |
| EXTERNAL STANDARD | .099     | 13:19 |
| BLANK TEST        | .000     | 13:20 |

N = 3  
STM. = .1  
RWS. = .0983

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WINONA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201267  
04/04/14  
13:11

--- 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:;<=>?@AB CDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdef ghijklmno  
pqrstuvwxyz{|}~\*

Operator Signature



2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WINONA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201267  
04/04/14

ARREST TIME: 11:11  
SUBJECT NAME:  
SELF

DOB: 11/11/11 SEX: M

STATE/D.L.: MO/  
ARRESTING OFFICER:  
HINTEN/D/W  
OFFICER I.D.: 778  
TESTING OFFICER:  
S/M/E  
OFFICER I.D.:  
PERMIT NUMBER: 220312  
EXPIRATION DATE: 09/28/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 13:22 |
| INTERNAL STANDARD  | VERIFIED | 13:22 |
| RADIO INTERFERENCE |          |       |

Operator Signature



2208-02





**GUTH LABORATORIES, INC.**

660 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°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.*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DANIEL W HINTEN

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 09/28/2012

Number 220312

Expires 09/28/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)