



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

REPORT #6  
**RECEIVED 8/1/14-CD**

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.

**REVIEWED**  
 By Carol Day at 3:12 pm, Aug 13, 2014

|                         |   |                                  |
|-------------------------|---|----------------------------------|
| DATAMASTER SN<br>201274 | NAME OF AGENCY<br>Eldon Police Department | DATE OF INSPECTION<br>07/23/2014 |
|-------------------------|---|----------------------------------|

|   |                               |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>111 South Oak, Eldon Mo 65026 | TIME OF INSPECTION<br>9:11 am |
|---|-------------------------------|

**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) 07/23/2014 9:11am     |
| <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 49.0 °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 | LOT # 13280 | EXP. DATE 10/16/2015 |
|--|-------------|----------------------|

|   |                      |                      |
|---|----------------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C | SIMULATOR SN SD 2999 | EXP. DATE 09/09/2014 |
|---|----------------------|----------------------|

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 ← .098 | TEST 2 ← .098 | TEST 3 ← .099 |
|---------------|---------------|---------------|

|   |
|---|
| <input checked="" type="checkbox"/> 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-.04) | (.05-.09) | (.10-.14) 1 | (.15-.19) 1 | OVER .19 |
|----------|---------|-----------|-------------|-------------|----------|

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<br><i>Brian Kidwell</i>                          | PRINT FULL NAME<br>Brian Kidwell   |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230304 12-11-2015 | TELEPHONE NUMBER<br>(573) 280-0555 |

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 17111-4811 • 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 AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT  
 TYPE II**

**BRIAN D KIDWELL**

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 12/11/2013

NUMBER 230304

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

CE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261274  
07/23/14

ARREST TIME: 08:45

SUBJECT NAME:

TEST/RFI

DOB: 01/01/01

SEX: F

STATE/D.L.: MO/123456

ARRESTING OFFICER:

KIDWELL/BRIAN/D

OFFICER I.D.: 805

TESTING OFFICER:

SAME

OFFICER I.D.: 806

PERMIT NUMBER: 230304

EXPIRATION DATE: 12/11/15

MISCELLANEOUS DATA:

### BREATH ANALYSIS

BLANK TEST 1.000 09:21

INTERNAL STANDARD VERIFIED 09:21

RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261274  
07/23/14

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

COMPUTER: 1000

PROGRAM: 1000

PRINTERS: 1000

SHARPE: 1000

FLOW: 1000

PUMP: 1000

ALCOHOL: 1000

ALCOHOL: 1000

ALCOHOL: 1000

ALCOHOL: 1000

ALCOHOL: 1000

### FRUITER TEST

FRUITER TEST 1.000 09:21

OPERATOR SIGNATURE

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)

STATE OF MISSOURI  
ELDON POLICE DEPARTMENT

BAC DATHAMSTEP SERIAL NUMBER 201274  
97/23-14

TESTING OFFICER:  
KIDWELL/BRIAN/D  
OFFICER I.D.# 888  
PERMIT NUMBER: 230304  
EXPIRATION DATE: 12/11/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 09:15 |
| INTERNAL STANDARD | VERIFIED | 09:15 |
| EXTERNAL STANDARD | .098     | 09:15 |
| BLANK TEST        | .000     | 09:16 |
| EXTERNAL STANDARD | .098     | 09:16 |
| BLANK TEST        | .000     | 09:17 |
| EXTERNAL STANDARD | .099     | 09:17 |
| BLANK TEST        | .000     | 09:18 |

n = 3  
S.D. = .1  
AVG. = .0953

OPERATOR SIGNATURE

Card Stock No.  
60020

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901 PHONE 1-800-800-8143 (NPAS)