



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

REPORT #6

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 in service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED
 By Carol Day at 12:04 pm, Dec 23, 2014

| | | |
|---|--|----------------------------------|
| DATAMASTER SN 201277 | NAME OF AGENCY Cartersville Police Department | DATE OF INSPECTION 12/13/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E. 1st Street Cartersville, MO 64835 | | TIME OF INSPECTION 5:39 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) <u>12/13/2014 / 1739 hrs</u> |
| <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 <u>49</u> °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 <u>Guth Laboratories Inc.</u> LOT # <u>14110</u> EXP. DATE <u>05/01/2016</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD 3145</u> EXP. DATE <u>10/09/2015</u> |

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 .098 | TEST 2 .098 | TEST 3 .098 |
|--------------|--------------|--------------|

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) | 0 | (.15-.19) | 0 | OVER .19 | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

Instrument is operating within MODHSS specifications

| | |
|--|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME Christopher Shonk |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240376 / 10/17/2016 | TELEPHONE NUMBER (417) 673-2616 |

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

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
12/13/14

ARREST TIME: 00:01
SUBJECT NAME:
SOBER/SAMPLE
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/123
ARRESTING OFFICER:
SHONK
OFFICER I.D.: 504
TESTING OFFICER:
SHONK/CHRISTOPHER/M
OFFICER I.D.: 504
PERMIT NUMBER: 240376
EXPIRATION DATE: 10/17/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 17:52 |
| INTERNAL STANDARD | VERIFIED | 17:52 |
| SUBJECT SAMPLE | .000 | 17:53 |
| BLANK TEST | .000 | 17:54 |

Operator Signature

#504

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
12/13/14

ARREST TIME: 00:00
SUBJECT NAME:
RFI/CHECK
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/123
ARRESTING OFFICER:
SHONK
OFFICER I.D.: 504
TESTING OFFICER:
SHONK/CHRISTOPHER/M
OFFICER I.D.: 504
PERMIT NUMBER: 240376
EXPIRATION DATE: 10/17/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 17:50 |
| INTERNAL STANDARD | VERIFIED | 17:50 |
| RADIO INTERFERENCE | | |

Operator Signature

#504

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
12/13/14

TESTING OFFICER:
SHONK/CHRISTOPHER/M
OFFICER I.D.: 504
PERMIT NUMBER: 240376
EXPIRATION DATE: 10/17/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 17:42 |
| INTERNAL STANDARD | VERIFIED | 17:42 |
| EXTERNAL STANDARD | .098 | 17:43 |
| BLANK TEST | .000 | 17:43 |
| EXTERNAL STANDARD | .098 | 17:44 |
| BLANK TEST | .000 | 17:44 |
| EXTERNAL STANDARD | .098 | 17:45 |
| BLANK TEST | .000 | 17:45 |

N = 3
SIM. = .1
AVG. = .098

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CARTERVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201277
12/13/14
17:39

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~

Operator Signature  #504

2208-02

Operator Signature  #504

2208-02



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



PERMIT
TYPE II

CHRISTOPHER SHONK

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, INTOX DMT

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 10/17/2014

NUMBER 240376

EXPIRES 10/17/2016

MD 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David Vonderberg

acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (08-10)



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.