



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 35 days).  
 Complete this report whenever the instrument is serviced or repaired and when it is placed into service.  
 Retain the original and send a copy within 15 days to the Breath Alcohol Program.

**RECEIVED**  
 By Carol Day at 8:26 am, Dec 08, 2014

DATAMASTER SN <b>201280</b>	NAME OF AGENCY <b>Lake Ozark Police Department</b>	DATE OF INSPECTION <b>12/03/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>3162 Bagnell Dam Blvd, Lake Ozark</b>		TIME OF INSPECTION <b>2:12 am</b>

**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) <b>12/03/14 02:12</b>
<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 <b>49</b> °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 <b>Guth Laboratories</b>	LOT # <b>13210</b> EXP. DATE <b>07/29/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0S</b> °C	SIMULATOR SN <b>SD2241</b> EXP. DATE <b>07/16/2015</b>
<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 <b>.099</b>	TEST 2 <b>.100</b>	TEST 3 <b>.100</b>
--------------------	--------------------	--------------------

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) <b>1</b>	(.05-.09)	(.10-.14) <b>1</b>	(.15-.19) <b>0</b>	OVER .19 <b>2</b>
----------	------------------	-----------	--------------------	--------------------	-------------------

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 	PRINT FULL NAME <b>Brian N. Jarrett</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240393 11/13/2016</b>	TELEPHONE NUMBER <b>(573) 365-5371</b>

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 17111-4611 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 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 MISSOURI  
LAKE OZARK POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201280  
12/03/14

TESTING OFFICER:  
JARRETT/BRIAN/N  
OFFICER I.D.: 702  
PERMIT NUMBER: 240393  
EXPIRATION DATE: 11/13/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	02:22
INTERNAL STANDARD	VERIFIED	02:22
EXTERNAL STANDARD	.099	02:23
BLANK TEST	.000	02:23
EXTERNAL STANDARD	.100	02:24
BLANK TEST	.000	02:24
EXTERNAL STANDARD	.101	02:25
BLANK TEST	.000	02:25

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

Operator Signature \_\_\_\_\_

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
LAKE OZARK POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201280  
12/03/14  
08:12

--- 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[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~\*

Operator Signature \_\_\_\_\_

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LAKE OSARK POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201280  
12/03/14

ARREST TIME: 00:00  
SUBJECT NAME:  
TEST/JOHN/E  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
JARRETT/BRIAN/M  
OFFICER I.D.: 702  
TESTING OFFICER:  
JARRETT/BRIAN/M  
OFFICER I.D.: 702  
PERMIT NUMBER: 240393  
EXPIRATION DATE: 11/13/15  
MISCELLANEOUS DATA:  
MINT TEST

----- BREATH ANALYSIS -----

BLANK TEST .000 02:31  
INTERNAL STANDARD VERIFIED 02:31  
RADIO INTERFERENCE

Operator Signature \_\_\_\_\_



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

2

**PERMIT  
 TYPE II**

**BRIAN N JARRETT**

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 11/13/2014

NUMBER 240393

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator JARRETT, BRIAN  
 Permit No 240393  
 Date Issued 11/13/2014 Date Expires 11/13/2016