



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

**RECEIVED**

By Carol Day at 12:24 pm, Apr 08, 2014

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 <b>201286</b>	NAME OF AGENCY <b>MTM Grove Police</b>	DATE OF INSPECTION <b>04/04/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>102 E. STATE MTM Grove</b>		TIME OF INSPECTION <b>1524</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>04/04/14 1525</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 LABS</b> LOT # <b>14030</b> EXP. DATE <b>01/20/16</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>094948</b> EXP. DATE <b>01/29/15</b>

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>.096</b>	TEST 2 <b>.096</b>	TEST 3 <b>.097</b>
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PERFORM R.P.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 <b>01</b> (0-.04) <b>0</b> (.05-.09) <b>2</b> (.10-.14) <b>3</b> (.15-.19) <b>1</b> OVER .19 <b>1</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 <b>Danny Bledson</b>	PRINT FULL NAME <b>Danny Bledson</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230060 04/10/2015</b>	TELEPHONE NUMBER <b>417-926-5181</b>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2876 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

550 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 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  
MOUNTAIN GROVE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201286  
04/04/14

ARREST TIME: 15:20  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/00000000  
ARRESTING OFFICER:  
BLEDSOE  
OFFICER I.D.: 1201  
TESTING OFFICER:  
BLEDSOE/DANNY  
OFFICER I.D.: 1201  
PERMIT NUMBER: 230060  
EXPIRATION DATE: 04/10/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:51
INTERNAL STANDARD	VERIFIED	15:51
SUBJECT SAMPLE	.000	15:51
BLANK TEST	.000	15:52

Operator Signature

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MOUNTAIN GROVE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201286  
04/04/14

ARREST TIME: 15:20  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/00000000  
ARRESTING OFFICER:  
BLEDSOE/DANNY  
OFFICER I.D.: 1201  
TESTING OFFICER:  
BLEDSOE  
OFFICER I.D.: 1201  
PERMIT NUMBER: 230060  
EXPIRATION DATE: 04/10/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:42
INTERNAL STANDARD	VERIFIED	15:42
RADIO INTERFERENCE		

Operator Signature

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MOUNTAIN GROVE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201286  
04/04/14

TESTING OFFICER:  
BLEDSOE/DANNY  
OFFICER I.D.: 1201  
PERMIT NUMBER: 230060  
EXPIRATION DATE: 04/10/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:35
INTERNAL STANDARD	VERIFIED	15:35
EXTERNAL STANDARD	.096	15:35
BLANK TEST	.000	15:36
EXTERNAL STANDARD	.096	15:36
BLANK TEST	.000	15:37
EXTERNAL STANDARD	.097	15:37
BLANK TEST	.000	15:38

N = 3  
SIM. = .1  
AVG. = .0963

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MOUNTAIN GROVE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201286  
04/04/14  
15:25

--- 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:;<=>?@ABCDEFGHI  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~"

Operator Signature

*Danny Bledsoe*

Operator Signature

*Danny Bledsoe*



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

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**PERMIT**  
**TYPE II**

**DANIEL R BLEDSOE JR**

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 04/10/2013

NUMBER 230060

EXPIRES 04/10/2015

*W. M. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul ...*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (8-10)