



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

**RECEIVED**

By Carol Day at 4:26 pm, Apr 23, 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>201294</b>	NAME OF AGENCY <b>MACON POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>04-14-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>301 E. BOURKE MACON MO</b>		TIME OF INSPECTION <b>17:58</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>04-14-14 17:58</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>LUTIN LAB</b> LOT # <b>13290</b> EXP. DATE <b>10-29-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34°</b> °C SIMULATOR SN <b>S021608</b> EXP. DATE <b>02-24-15</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)

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 • <b>.101 %</b>	TEST 2 • <b>.102 %</b>	TEST 3 • <b>.102 %</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
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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).

**MEETS DOH STANDARDS**

**INSPECTING OFFICER**

SIGNATURE <b>Jeff Brown</b>	PRINT FULL NAME <b>JEFF BROWN</b>
TYPE II PERMIT NUMBER EXPIRATION DATE <b>220115 05-15-14</b>	TELEPHONE NUMBER <b>660-385-2195</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.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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

JEFF BROWN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

Date 05/15/2012  
Number 220115  
Expires 05/15/2014

MS 430-0771 (9-01)

*W. E. [Signature]*  
Director of State Public Health Laboratory  
Director, Department of Health

Lab. 4 (R-88)



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
MADON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201294  
04/14/14

TESTING OFFICER:  
BROWN, JEFF  
OFFICER I.D.# 790  
PERMIT NUMBER: 20115  
EXPIRATION DATE: 05/15/14  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE  
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:01
INTERNAL STANDARD	VERIFIED	18:01
EXTERNAL STANDARD	.101	18:02
BLANK TEST	.000	18:02
EXTERNAL STANDARD	.102	18:03
BLANK TEST	.000	18:03
EXTERNAL STANDARD	.102	18:04
BLANK TEST	.000	18:04

U = 0  
SUM = 0  
AVG = 0.000

*Jeff Brown*  
OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
MADON POLICE DEPARTMENT

BAL DATAMASTER SERIAL NUMBER 201294  
04/14/14  
17:50

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (64-67-2909):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTKX TEST

!@#\$%^&\*()~ - / 0123456789: ; < = > ? @ B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ \*

OPERATOR SIGNATURE *Jeff Brown*

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
MACON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201294  
04/14/14

ARREST TIME: 17:00

SUBJECT NAME:

BLOW: JEFF

DOB: 12/04/68 SEX: M

STATE/D.L.# MO/M486983792

ARRESTING OFFICER:

BROWN/JEFF

OFFICER I.D.#: 790

TESTING OFFICER:

SAA

OFFICER I.D.#: SAA

PERMIT NUMBER: 220115

EXPIRATION DATE: 05/15/14

MISCELLANEOUS DATA:

RFT CHECK

N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:08
INTERNAL STANDARD	VERIFIED	18:09
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901