



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

REPORT #6

**RECEIVED**  
 By Carol Day at 12:18 pm, Dec 10, 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>201297</b>	NAME OF AGENCY <b>WEBB CITY POLICE DEPT.</b>	DATE OF INSPECTION <b>12-09-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>211 WEST BROADWAY, WEBB CITY, MO. 64870</b>		TIME OF INSPECTION <b>21:27</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>21:27</b>
<input checked="" type="checkbox"/> COMPUTER <b>OK</b>	<input checked="" type="checkbox"/> DETECTOR <b>OK</b>
<input checked="" type="checkbox"/> PROGRAM <b>OK</b>	<input checked="" type="checkbox"/> FILTERS <b>OK</b>
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>49</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD <b>OK</b>
<input checked="" type="checkbox"/> FLOW DETECTOR <b>OK</b>	<input checked="" type="checkbox"/> CALIBRATION <b>OK</b>
<input checked="" type="checkbox"/> PUMP HIGH SPEED <b>OK</b>	<input checked="" type="checkbox"/> PRINTER <b>OK</b>

<input checked="" type="checkbox"/> INDICATOR LIGHTS <b>OK</b>
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABS</b> LOT # <b>14200</b> EXP. DATE <b>08-05-2016</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C SIMULATOR SN <b>094948</b> EXP. DATE <b>08-14-2015</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>.100</b>	TEST 2 <b>.100</b>	TEST 3 <b>.100</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>1</b>	(.05-.09) <b>0</b>	(.10-.14) <b>2</b>	(.15-.19) <b>2</b>	OVER .19 <b>1</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).

**INSTRUMENT IS WITHIN DOHHS SPECIFICATIONS!**

INSPECTING OFFICER SIGNATURE <b>Gregory S. Pachhofer 426</b>	PRINT FULL NAME <b>GREGORY S. PACHHOFFER</b>
TYPE OF PERMIT NUMBER/EXPIRATION DATE <b>248297 07-15-2016</b>	TELEPHONE NUMBER <b>(417) 673-1911</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

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297  
12/09/14  
21:17

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

Operator Signature *Hy Pallett 426*

2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297  
12/09/14

### TESTING OFFICER:

PACHLHOFFER/GREGORY/S  
OFFICER I.D.: 426  
PERMIT NUMBER: 240297  
EXPIRATION DATE: 07/15/15  
MISCELLANEOUS DATA:  
MONTHLY MAINT.

### --- SUPERVISOR MODE ---

BLANK TEST  
INTERNAL STANDARD  
EXTERNAL STANDARD  
BLANK TEST  
EXTERNAL STANDARD  
BLANK TEST  
EXTERNAL STANDARD  
BLANK TEST  
N = 3  
SIM. = .1  
RWG. = .1

Operator Signature *Hy Pallett 426*

2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297  
12/09/14

### ARREST TIME: 21:00

SUBJECT NAME:  
REPORT/TEST  
DOB: 12/09/14 SEX: M  
STATE/DAL.: MO/123456  
ARRESTING OFFICER:  
PACHLHOFFER/GREG  
OFFICER I.D.: 426  
TESTING OFFICER:  
PACHLHOFFER/GREG  
OFFICER I.D.: 426  
PERMIT NUMBER: 240297  
EXPIRATION DATE: 07/15/15  
MISCELLANEOUS DATA:  
REPORT TEST

### --- BREATH ANALYSIS ---

BLANK TEST  
INTERNAL STANDARD  
RADIO INTERFERENCE  
VERIFIED  
21:27

Operator Signature *Hy Pallett 426*

2208-02



**GUTH LABORATORIES, INC.**

690 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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 FNI22211-02 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

2

PERMIT  
TYPE II

GREGORY S PACHLHOFER

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, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER**

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 7/15/2014

NUMBER 240297

EXPIRES 7/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 569-07/1 (5-10)

LAB 4 (RS-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 PACHLHOFER, GREGORY  
Permit No 240297  
Date Issued 7/15/2014 Date Expires 7/15/2016



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MEXB CITY POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER: 241237  
DATE: 12/09/14

ARREST TIME: 21:00

SUBJECT NAME:

BOOK/TEST

DOB: 12/09/14 SEX: M

STATE/D.L.L.: MO-123456

ARRESTING OFFICER:

PAC/NUMBER/GRAB

OFFICER I.D.# 426

TESTING OFFICER:

PAC/NUMBER/GRAB

OFFICER I.D.# 426

PERMIT NUMBER: 241237

EXPIRATION DATE: 07/15/16

MISCELLANEOUS DATA:

ADULT TEST

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

BLANK TEST: 0.000 21:27  
IN BREATH STANDARD: 0.000 21:27  
RADIO INTERFERENCE:

Operator Signature *By: [Signature] 926*