



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

**RECEIVED**  
 By Carol Day at 11:37 am, Apr 01, 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>201298</b>	NAME OF AGENCY <b>PORTAGEVILLE POLICE DEPT</b>	DATE OF INSPECTION <b>3-20-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 EAST MAIN ST, PORTAGEVILLE</b>		TIME OF INSPECTION <b>1330</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>3-20-14 1330 Hours</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 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 PLOT # 13280</b> EXP. DATE <b>10-16-2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34°C</b> °C SIMULATOR SN <b>G11087</b> EXP. DATE <b>2-18-15</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>.097</b>	TEST 2 * <b>.098</b>	TEST 3 * <b>.099</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	0	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	OVER .19	0
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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).

INSPECTING OFFICER	
SIGNATURE <b>Sgt J. W. [Signature]</b>	PRINT FULL NAME <b>JASON M. CRITES</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240087 3-11-2016</b>	TELEPHONE NUMBER <b>(573) 840-9500</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 17111-4511 • TELEPHONE: 717-684-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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 Certified 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  
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 001290  
03/20/14

ARREST TIME: 13:00  
SUBJECT NAME:  
TEST  
DOB: 02/02/74 SEX: M  
STATE/D.L.: MO/12345678  
ARRESTING OFFICER:  
TEST  
OFFICER I.D.: 377  
TESTING OFFICER:  
CRITES/JASUM/S  
OFFICER I.D.: 377  
PERMIT NUMBER: 249887  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

OPERATOR SIGNATURE

*SGT J M [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  
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201298  
03/20/14

TESTING OFFICER:  
CRITES/JASON/M  
OFFICER (L.O.) 377  
PERMIT NUMBER: 246887  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR CODE ---

BLANK TEST	.000	13:39
INTERNAL STANDARD	VERIFIED	13:39
EXTERNAL STANDARD	.097	13:40
BLANK TEST	.000	13:40
EXTERNAL STANDARD	.096	13:41
BLANK TEST	.000	13:41
EXTERNAL STANDARD	.099	13:42
BLANK TEST	.000	13:42

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

OPERATOR SIGNATURE

*SETY 7*

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  
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 230298  
08/09/14  
13:30

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

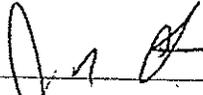
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
pqrstuvwxyz{|}~`

OPERATOR SIGNATURE

*JCT*  377

Card Stock No.  
60021

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



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

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**PERMIT**  
**TYPE II**  
**JASON N CRITES**

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 3/11/2014

NUMBER 240087

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Margaret T. Donnelly  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: Missouri State Highway Patrol  
 Serial Number: G11087  
 Manufacturer: Guth  
 Model Number: 34C

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>	<u>Bias</u>	<u>In Tolerance</u>
33.92	34.0	-0.08 °C	YES

This calibration was performed with  
 NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 02/18/2014

**COPY OF CALIBRATION STICKER**

This simulator has been calibrated according to DHSS specifications

	SIMULATOR SERIAL NO.: <u>G11087</u>
	EXPIRATION DATE: <u>02/18/2015</u>
	DATE OF CALIBRATION: <u>02/18/2014</u>
	NIST REF. THERM. SERIAL NO.: <u>304447</u>
	BIAS: <u>0.08 °C</u>
	ANALYST INITIALS: <u>BML</u>