



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

**RECEIVED**  
 By Carol Day at 8:18 am, Jun 02, 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>Portagevill Police Department</b>	DATE OF INSPECTION <b>6-1-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 EAST MAIN ST., PORTAGEVILLE, MO</b>		TIME OF INSPECTION <b>1503 HOURS</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>6-1-14 1503 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 checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH LABORATORIES INCLOT # 13280** EXP. DATE **10-16-15**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **G-11045** EXP. DATE **2-18-15**

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>.098</b>	TEST 2 • <b>.099</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)	0	(.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).

**INSTRUMENT PLACED BACK IN SERVICE**

**INSPECTING OFFICER**

SIGNATURE <b>SCT JN [Signature]</b>	PRINT FULL NAME <b>Jason N. Crites</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240087 03/11/2016</b>	TELEPHONE NUMBER <b>(573) 840-9500</b>
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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**

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
PORTAGEVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201298  
06/01/14

ARREST TIME: 14:30

SUBJECT NAME:

TEST

DOB: 02/02/74

SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

TEST

OFFICER I.D.: 377

TESTING OFFICER:

CRITES/JASON/N

OFFICER I.D.: 377

PERMIT NUMBER: 240087

EXPIRATION DATE: 03/11/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

OPERATOR SIGNATURE

*SCT J. A. [Signature]* 377

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  
06/01/14  
15:03

--- 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[\]^\_`abcdefghijklmnopqrstu  
vwxyz{|}~

OPERATOR SIGNATURE

*JCT [Signature]* 377

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  
06/01/14

TESTING OFFICER:  
CRITES/JASON/N  
OFFICER I.D.: 377  
PERMIT NUMBER: 240087  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:06
INTERNAL STANDARD	VERIFIED	15:06
EXTERNAL STANDARD	.098	15:07
BLANK TEST	.000	15:07
EXTERNAL STANDARD	.099	15:08
BLANK TEST	.000	15:08
EXTERNAL STANDARD	.099	15:09
BLANK TEST	.000	15:09

N = 3  
SIM. = .1  
AVG. = .0986

OPERATOR SIGNATURE

SGT  377

Card Stock No.  
60021

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



## GUTH LABORATORIES, INC.

590 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 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*



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

2

**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: G11045

Manufacturer: Guth

Model Number: 34C

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>	<u>Bias</u>	<u>In Tolerance</u>
33.99	34.0	-0.01 °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

	<b>SIMULATOR SERIAL NO.:</b> <u>G11045</u>
	<b>EXPIRATION DATE:</b> <u>02/18/2015</u>
	<b>DATE OF CALIBRATION:</b> <u>02/18/2014</u>
	<b>NIST REF. THERM. SERIAL NO.:</b> <u>304447</u>
	<b>BIAS:</b> <u>-0.01 C</u>
	<b>ANALYST INITIALS:</b> <u>BML</u>