



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

**RECEIVED**  
 By Carol Day at 12:42 pm, Dec 10, 2014  
 REPORT #6

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 201299	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 12/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Glendale Police Department, 424 N. Sappington Road, Glendale, MO 63122		TIME OF INSPECTION 1:21 pm

**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) 12/01/14 13:21
<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 _____ 49 °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 <u>GUTH Laboratories, Inc.</u>	LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34.0 _____ °C	SIMULATOR SN _____ SD2291 _____ EXP. DATE <u>07/14/2015</u>
<input checked="" type="checkbox"/> 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 ← .099	TEST 2 ← .099
	TEST 3 ← .100

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 operates within Department of Health specifications.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Captain Robert A. Catlett, Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 230014 02/08/2015	TELEPHONE NUMBER (314) 965-0000

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

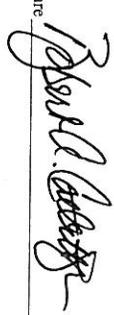
Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 201299  
12/01/14  
13:21

--- 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  
1\*4#126(0)\*+~>/0123456789:;<=>@ABCDEFGHI  
HIJKLmnopqrstuvwxyz\|\_~`abcde+ghijklmno  
pqrstuvwxyz{|}~`

Operator Signature   
2208-02

Face This Side Down - This Edge In First

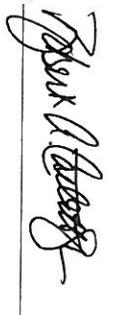
**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 201299  
12/01/14

TESTING OFFICER:  
CRILETT/ROBERT/A  
OFFICER I.D.: 195  
PERMIT NUMBER: 230014  
EXPIRATION DATE: 02/08/15  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE REPORT  
DECEMBER 2014

--- SUPERVISOR MODE ---  
FLANK TEST .000 13:24  
INTERNAL STANDARD VERIFIED 13:24  
EXTERNAL STANDARD .009 13:24  
BLANK TEST .000 13:25  
EXTERNAL STANDARD .009 13:25  
PRINTER TEST .000 13:26  
INTERNAL STANDARD .009 13:26  
PRINTER TEST .009 13:27

IN = 0  
STL = .1  
PWL = .0993

Operator Signature   
2208-02

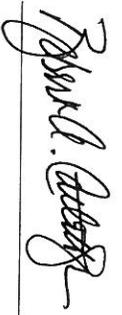
Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 201299  
12/01/14

ARREST TIME: 12:00  
SUBJECT NAME:  
TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/TEST  
ARRESTING OFFICER:  
TEST  
OFFICER I.D.: TEST  
TESTING OFFICER:  
CRILETT/ROBERT/A  
OFFICER I.D.: 195  
PERMIT NUMBER: 230014  
EXPIRATION DATE: 02/08/15  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE REPORT  
NOV TEST - DECEMBER 2014

--- BREATH ANALYSIS ---  
RATIO INTERFERENCES

Operator Signature   
2208-02



**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 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 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

ROBERT A CATLETT 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 02/08/2013

NUMBER 230014

EXPIRES 02/08/2015

MO 300 0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES