



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

**RECEIVED**  
 By Carol Day at 11:19 am, Jul 21, 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 201300	NAME OF AGENCY St. James Police Department	DATE OF INSPECTION 07/14/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Bourbeuse Street St. James MO 65559	TIME OF INSPECTION 12:39 pm
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**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) 07/14/2014 12:39pm    |
| <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</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2766</u> EXP. DATE <u>01/15/2015</u> |

- 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 → .099	TEST 2 → .100	TEST 3 → .101
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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-.04) 5	(.05-.09) 1	(.10-.14)	(.15-.19)	OVER .19
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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 <i>Jeffrey R. Brooks #1150</i>	PRINT FULL NAME Jeffrey R. Brooks #1150
TYPE OF PERMIT NUMBER/EXPIRATION DATE 230047 03/21/2015	TELEPHONE NUMBER (573) 265-7012

RETURN COMPLETED REPORT TO THE:  
 Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2876 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

880 NORTH 67th STREET • HARRISBURG, PA 17111-4311 • TELEPHONE: 717-664-6470

## 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 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.

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201300  
07/14/14

TESTING OFFICER:  
BROOKS/JEFF/R  
OFFICER I.D.: 1150  
PERMIT NUMBER: 200047  
EXPIRATION DATE: 03/21/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:44
INTERNAL STANDARD	VERIFIED	12:44
EXTERNAL STANDARD	.000	12:44
BLANK TEST	.000	12:45
EXTERNAL STANDARD	.100	12:45
BLANK TEST	.000	12:46
EXTERNAL STANDARD	.101	12:47
BLANK TEST	.000	12:49

N = 3  
STN. = .1  
AVG. = .1

Operator Signature

*Jeff R. Brooks #1150*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201600  
07/14/14

TESTING OFFICER:

BROOKS/JEFF/R

OFFICER I.D.: 1150

PERMIT NUMBER: 230047

EXPIRATION DATE: 03/21/16

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

RADIO INTERFERENCE

Operator Signature

*Jeff R. Brooks #1150*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201300  
07/14/14  
10:39

--- 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

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

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Operator Signature *Puffy R. Cook #1150*



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

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**PERMIT  
 TYPE II**

**JEFFREY R BROOKS**

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 03/21/2013

NUMBER 230047

EXPIRES 03/21/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES