



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

**RECEIVED**

REPORT #6

By Carol Day at 11:58 am, Nov 20, 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 201300	NAME OF AGENCY St. James Police Department	DATE OF INSPECTION 11/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Bourbeuse Street St. James MO 65559		TIME OF INSPECTION 10:07 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) <u>11/13/2014 10:07pm</u>
<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 <u>49</u> °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>
<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 <u>.101</u>	TEST 2 <u>.102</u>	TEST 3 <u>.103</u>
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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).

Replaced the connection between the breath tube and the thermister on the back side of the Data Master Instrument.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Jeffrey R. Brooks #1150</i>	PRINT FULL NAME Jeffrey R. Brooks
TYPE OF REPORT 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  
 2875 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

990 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

## 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°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 291306  
11/13/14

ARREST TIME: 21:20  
SUBJECT NAME:  
BROOKS/JEFF/R  
DOB: 01/01/79 SEX: M  
STATE D.L.: MO/V100101101  
ARRESTING OFFICER:  
BROOKS/JEFF/R  
OFFICER I.D.: 1150  
TESTING OFFICER:  
BROOKS/JEFF/R  
OFFICER I.D.: 1150  
PERMIT NUMBER: 200047  
EXPIRATION DATE: 03/21/15  
MISCELLANEOUS DATA:

n  
n

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

*Jeff R. Brooks* #1150

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201000  
11/13/14

TESTING OFFICER:  
BROOKS/JEFF/R  
OFFICER I.D.# 1150  
PERMIT NUMBER: 230647  
EXPIRATION DATE: 03/21/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	22:10
INTERNAL STANDARD	VERIFIED	22:10
EXTERNAL STANDARD	.101	22:10
BLANK TEST	.000	22:11
EXTERNAL STANDARD	.100	22:11
BLANK TEST	.000	22:12
EXTERNAL STANDARD	.103	22:12
BLANK TEST	.000	22:13

N = 3  
S.D. = .1  
AVG. = .102

Operator Signature

*Jeff Brooks* #1150

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201300  
11/16/14  
RR:07

DIAGNOSTIC CHECK

COMPUTER: OKAY  
PROGRAM (04-07-2003): 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[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature

*[Handwritten Signature]* #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

*W. A. V. S.*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David V. S. V.*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (PB-10)