



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

RECEIVED 2/4/14-CD REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed back into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**REVIEWED**  
 By Carol Day at 9:50 am, Mar 14, 2014

DATAMASTER SN <b>202004</b>	NAME OF AGENCY <b>MUSHP-D</b>	DATE OF INSPECTION <b>01-27-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>GREENE COUNTY JAIL 1000 N. BOURNEVILLE AVE, SPRENGFELD, MO, 65802</b>		TIME OF INSPECTION <b>1805 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>01/27/14 1805</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>50</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** LOT # **13280** EXP. DATE **10/16/15**

SIMULATOR TEMP (34°C ± 0.2°C) **34.1** °C SIMULATOR S/N **G11044** EXP. DATE **07/30/2014**

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>0.097</b>	TEST 2 <b>0.097</b>	TEST 3 <b>0.097</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-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>2</b>	(.15-.19) <b>2</b>	OVER .19 <b>4</b>
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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).

**0.10 SOLUTION**

**MEETS MOHSS REQUIREMENTS**

**INSPECTING OFFICER**

SIGNATURE <b>K.O. Walters</b>	PRINT FULL NAME <b>K.O. WALTERS</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220081 03-23-2014</b>	TELEPHONE NUMBER <b>(417) 895-6868</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.

590 NORTH 87th 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.*

# BAC DataMaster Evidence Ticket

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202004  
01/27/14  
18:05

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202004  
01/27/14

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

TESTING OFFICER:  
WALTERS/K/D  
OFFICER I.D.: 674  
PERMIT NUMBER: 220081  
EXPIRATION DATE: 03/23/14  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:08
INTERNAL STANDARD	VERIFIED	18:08
EXTERNAL STANDARD	.097	18:09
BLANK TEST	.000	18:10
EXTERNAL STANDARD	.097	18:10
BLANK TEST	.000	18:11
EXTERNAL STANDARD	.097	18:11
BLANK TEST	.000	18:12

N = 3  
SIM. = .1  
AVG. = .097

PRINTER TEST

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

Operator Signature APL K. Walters 674

2208-02

Operator Signature APL K. Walters 674

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 262004  
01/27/14

ARREST TIME: 17:45  
SUBJECT NAME:  
DOE/J/J  
DOB: 11/11/11      SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
WALTERS/K/O  
OFFICER I.D.: 674  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 674  
PERMIT NUMBER: 220081  
EXPIRATION DATE: 03/23/14  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:14
INTERNAL STANDARD	VERIFIED	18:14
RADIO INTERFERENCE		

Operator Signature *M. K. Walters 674*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



KENNETH D WALTERS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RS Mo 1986.

Date 03/23/2012

Number 220081

Expires 03/23/2014

Director of State Public Health Laboratory

Director, Department of Health