



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

**RECEIVED**  
 By Carol Day at 2:22 pm, Mar 06, 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>204095</b>	NAME OF AGENCY <b>MO# 127219 MSNP</b>	DATE OF INSPECTION <b>02/28/14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>BUTLER COUNTY JUSTICE CENTER 200 OAK ST. POPLAR BLUFF, MO 63901</b>		TIME OF INSPECTION <b>1034</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>02/28/14 1034</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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABORATORIES</b> LOT # <b>13240</b> EXP. DATE <b>10/29/15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>0300</b> EXP. DATE <b>02/18/15</b>

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>.096</b>	TEST 2 = <b>.096</b>	TEST 3 = <b>.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 <input type="checkbox"/>	(0-.04) <input type="checkbox"/>	(.05-.09) <input type="checkbox"/>	(.10-.14) <input type="checkbox"/>	(.15-.19) <input type="checkbox"/>	OVER .19 <input type="checkbox"/>
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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).  
**WITHIN STANDARDS**

INSPECTING OFFICER	
SIGNATURE <b>Russell B. Arnold</b>	PRINT FULL NAME <b>RUSSELL B. ARNOLD</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220273 09/15/14</b>	TELEPHONE NUMBER <b>573-842-9500</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.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 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.*

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY  
BAC DATAMASTER SERIAL NUMBER  
02/28/14

ARREST TIME: 09:00  
SUBJECT NAME:  
A  
DOB: 12/31/31 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
A

OFFICER I.D.: 116  
TESTING OFFICER:  
A  
OFFICER I.D.: 116  
PERMIT NUMBER: 220273  
EXPIRATION DATE: 09/15/14  
MISCELLANEOUS DATA:

---- BREATH ANALYSIS

BLANK TEST .00  
INTERNAL STANDARD VER  
RADIO INTERFERENCE

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204095  
02/28/14

TESTING OFFICER:  
ARNOLD/R/B  
OFFICER I.D.: 116  
PERMIT NUMBER: 220273  
EXPIRATION DATE: 09/15/14  
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST .000 10:4  
INTERNAL STANDARD VERIFIED 10:4  
EXTERNAL STANDARD .096 10:4  
BLANK TEST .000 10:4  
EXTERNAL STANDARD .096 10:4  
BLANK TEST .000 10:4  
EXTERNAL STANDARD .097 10:4  
BLANK TEST .000 10:4

N = 3  
SIM. = .1  
AVG. = .0963

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204095  
02/28/14  
10:34

--- 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

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

Operator Signature

*RB*

Operator Signature

*R. B. Arnold* 02/28/14

Operator Signature

*Russell B. Arnold* 02/28/14

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



RUSSELL BARNOLD

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 577.041, RSMo 1986.

Date 09/15/2012

Number 220273

Expires 09/15/2014

*W. A. W. S.*  
Director of State Public Health Laboratory

*Harold T. Donnelly*  
Director, Department of Health