



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

**RECEIVED**  
 By Carol Day at 10:13 am, Aug 07, 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<br>202009  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>08/01/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Ray County Sheriff's Department, 200 W. 9th St., Henrietta, MO 64036 |   | TIME OF INSPECTION<br>11:21 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) <u>08-01-2014 at 2321 hrs</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, Inc.</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u> |

|  |
|--|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.10</u> °C SIMULATOR SN <u>MP2126</u> EXP. DATE <u>06/03/2015</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  .101 BAC | TEST 2  .100 BAC | TEST 3  .101 BAC |
|------------------|------------------|------------------|

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) | 1 | (.10-.14) | 0 | (.15-.19) | 0 | OVER .19 | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

Operating within MODHSS specifications  
 Solution bottle # 1393  
 RECALIBRATION PERFORMED 08-01-2014

|  |  |
|--|--|
| <b>INSPECTING OFFICER</b>                                  |  |
| SIGNATURE<br>  | PRINT FULL NAME<br>TPR C.D. Moeller #662 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240064 03/07/2016 | TELEPHONE NUMBER<br>(816) 622-0800       |

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.**

880 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

## 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.*



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



**PERMIT**  
**TYPE II**  
**CLAY D MOELLER**

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, INTOX DMT**

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 3/7/2014

NUMBER 240064

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator MOELLER, CLAY  
Permit No 240064  
Date Issued 3/7/2014 Date Expires 3/7/2016

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202009  
08/01/14  
23:21

--- 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  
!"#\$%&'()\*+,-./0123456789:;<=?@ABCDEFGHIJKL  
MNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~

Operator Signature

*TPR [Signature]*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202009  
08/01/14

TESTING OFFICER:

MOELLER/C/D

OFFICER I.D.: 0662

PERMIT NUMBER: 240064

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

INV# F25460

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 23:24 |
| INTERNAL STANDARD | VERIFIED | 23:24 |
| EXTERNAL STANDARD | .101     | 23:25 |
| BLANK TEST        | .000     | 23:25 |
| EXTERNAL STANDARD | .100     | 23:26 |
| BLANK TEST        | .000     | 23:26 |
| EXTERNAL STANDARD | .101     | 23:27 |
| BLANK TEST        | .000     | 23:27 |

N = 3

SIM. = .1

AVG. = .1006

Operator Signature

*TPR [Signature]*

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202009  
08/01/14

ARREST TIME: 00:01  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/X  
ARRESTING OFFICER:  
MOELLER/C/D  
OFFICER I.D.: 0662  
PERMIT NUMBER: 240064  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:  
INV# F25460

--- BREATH ANALYSIS ---

BLANK TEST .000 23:30  
INTERNAL STANDARD VERIFIED 23:30  
RADIO INTERFERENCE

Operator Signature

*TPR Co MM* <sub>v-2</sub>

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202009  
08/01/14

ARREST TIME: 00:01  
SUBJECT NAME:  
BLANK/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/X  
ARRESTING OFFICER:  
MOELLER/C/D  
OFFICER I.D.: 0662  
PERMIT NUMBER: 240064  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:  
INV# F25460

--- BREATH ANALYSIS ---

BLANK TEST .000 23:33  
INTERNAL STANDARD VERIFIED 23:33  
SUBJECT SAMPLE .000 23:34  
BLANK TEST .000 23:34

Operator Signature

*TPR Co MM* <sub>vac</sub>