



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

RECEIVED 5/1/14-CD REPORT #6

**REVIEWED**  
 By Carol Day at 2:46 pm, May 12, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to be done more often than once a month). 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.

DATAMASTER SN 202011 NAME OF AGENCY MSHP I DATE OF INSPECTION 4-23-14  
 LOCATION OF INSTRUMENT (STREET AND CITY) DENT CO JAIL TIME OF INSPECTION 1459

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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 4.23.14 1459

COMPUTER  DETECTOR  
 PROGRAM  FILTERS  
 HEATERS SAMPLE CHAMBER 49 °C  QUARTZ STANDARD  
 FLOW DETECTOR  CALIBRATION  
 PUMP HIGH SPEED  PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LAB LOT # 13290 EXP. DATE 10.29.15  
 SIMULATOR TEMP (34°C ± 0.2°C) 34.00 °C SIMULATOR SN 0919 EXP. DATE 6-7-14

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 \* .100%

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

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 MO/DHSS SPECIFICATIONS

**INSPECTING OFFICER**

SIGNATURE K.D. Wilmont PRINT FULL NAME K.D. WILMONT  
 TYPE II PERMIT NUMBER/EXPIRATION DATE 240013 1-21-16 TELEPHONE NUMBER (573) 368-2345

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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

## 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.*



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

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**PERMIT  
 TYPE II**

**KYLE D WILMONT**

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.

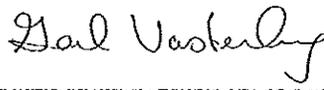
DATE 1/21/2014

NUMBER 240013

EXPIRES 1/21/2016

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 WILMONT, KYLE  
 Permit No 240013  
 Date Issued 1/21/2014 Date Expires 1/21/2016

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202011  
04/23/14

TESTING OFFICER:  
WILSON/K/D  
OFFICER I.D.# 678  
PERMID NUMBER: 240013  
EXPIRATION DATE: 01/21/16  
MISCELLANEOUS DATA:

--- SUPERVISOR NODE ---

BLANK TEST	.000	15:02
INTERNAL STANDARD	VERIFIED	15:02
EXTERNAL STANDARD	.039	15:03
BLANK TEST	.060	15:03
EXTERNAL STANDARD	.100	15:04
BLANK TEST	.000	15:04
EXTERNAL STANDARD	.100	15:05
BLANK TEST	.000	15:05

STATION # 0496

Operator Signature

*K.D. Wilson*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 202011  
04/23/14

ARREST TIME: 14:50  
SUBJECT NAME:  
DUI/DWI  
DOB: 12/05/88 SEX: M  
STATE I.D.#: MO-000000000  
ARRESTING OFFICER:  
WILSON/K/D  
OFFICER I.D.#: 678  
TESTING OFFICER:  
SAME  
OFFICER I.D.#: 678  
PERMID NUMBER: 240013  
EXPIRATION DATE: 01/21/16  
MISCELLANEOUS DATA:

TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:09
INTERNAL STANDARD	VERIFIED	15:09
RADIO INTERFERENCE		

Operator Signature

*K.D. Wilson*

