



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

RECEIVED 3/14/14-CD REPORT #6

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

**REVIEWED**  
 By Carol Day at 3:25 pm, Apr 01, 2014

DATAMASTER SN 202071	NAME OF AGENCY ST LOUIS COUNTY JUSTICE SERVICES	DATE OF INSPECTION 03/04/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 S. CENTRAL CLAYTON MO	TIME OF INSPECTION 8:05 pm
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**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) 03/04/2014 8:05 PM
<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 49 °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 GUTH LABORATORIES	LOT # 13280 EXP. DATE 10/16/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD2773 EXP. DATE 10/11/2014

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 .104	TEST 2 .104	TEST 3 .105
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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 4	(0-.04) 0	(.05-.09) 4	(.10-.14) 6	(.15-.19) 9	OVER .19 5
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME KEVIN R. VILMER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230234 10/17/2015	TELEPHONE NUMBER (314) 615-7101

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

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
03/04/14

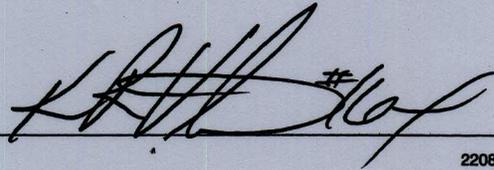
TESTING OFFICER:  
VILMER  
OFFICER I.D.: 164  
PERMIT NUMBER: 230234  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:16
INTERNAL STANDARD	VERIFIED	20:16
EXTERNAL STANDARD	.104	20:16
BLANK TEST	.000	20:17
EXTERNAL STANDARD	.104	20:17
BLANK TEST	.000	20:18
EXTERNAL STANDARD	.105	20:18
BLANK TEST	.000	20:19

N = 3  
S.D. = .1  
AVG. = .1043

Operator Signature \_\_\_\_\_



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
03/04/14  
20:05

--- 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:;<=^?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijk  
lmnopqrstuvwxyz{|}~

Operator Signature \_\_\_\_\_



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
03/04/14

ARREST TIME: 18:00  
SUBJECT NAME:  
RADIO/INT/TEST  
DOB: 02/24/67 SEX: M  
STATE/D.L.: MO/000  
ARRESTING OFFICER:  
N/A  
OFFICER I.D.: 000  
TESTING OFFICER:  
VILNER  
OFFICER I.D.: 164  
PERMIT NUMBER: 230204  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	20:26
INTERNAL STANDARD	VERIFIED	20:26
RADIO INTERFERENCE		

Operator Signature



2208-02



## GUTH LABORATORIES, INC.

590 NORTH 67th 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°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.*