



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

**RECEIVED**  
 By Carol Day at 1:27 pm, Oct 16, 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 202071	NAME OF AGENCY ST LOUIS COUNTY JUSTICE SERVICES	DATE OF INSPECTION 10/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 S. CENTRAL AVE CLAYTON MO 63105		TIME OF INSPECTION 3:22 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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED)      DATE AND TIME (from printout) 10/15/2014 3:22 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 <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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES      LOT # 14110      EXP. DATE 05/01/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C      SIMULATOR SN SD2671      EXP. DATE 07/16/2015

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  .100	TEST 2  .102	TEST 3  .102
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	4	OVER .19	2
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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).

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



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

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**PERMIT**  
**TYPE II**  
**KEVIN R VILMER**

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 10/17/2013

NUMBER 230234

EXPIRES 10/17/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 VILMER, KEVIN  
 Permit No 230234  
 Date Issued 10/17/2013 Date Expires 10/17/2015



## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).



Technician Printed Name: Donald D. DeBoard

Technician Signature: Donald D. DeBoard

Date: 7/16/14

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
10/15/14

ARREST TIME: 12:00  
SUBJECT NAME:  
RADIO/INV/TEST  
DOB: 02/24/67 SEX: M  
STATE/D.L.: MO/000  
ARRESTING OFFICER:  
N/A  
OFFICER I.D.: 000  
TESTING OFFICER:  
VILMER  
OFFICER I.D.: 164  
PERMIT NUMBER: 230234  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:32
INTERNAL STANDARD	VERIFIED	15:32
RADIO INTERFERENCE		

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
10/15/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:26
INTERNAL STANDARD	VERIFIED	15:26
EXTERNAL STANDARD	.100	15:26
BLANK TEST	.000	15:27
EXTERNAL STANDARD	.102	15:27
BLANK TEST	.000	15:28
EXTERNAL STANDARD	.102	15:28
BLANK TEST	.000	15:29

N = 3  
SIM. = .1  
AVG. = .1013

Operator Signature



2208-02

Insert

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 202071  
10/15/14  
15:22

## --- 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

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!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstu
vwxyz{|}~"
```

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





**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 **14110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 5, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 1, 2016** 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.*