



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

**RECEIVED**  
 By Carol Day at 12:52 pm, Apr 02, 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>202097</b>	NAME OF AGENCY <b>Eureka P.D.</b>	DATE OF INSPECTION <b>3-30-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>120 City Hall Dr., Eureka, Mo. 63025</b>		TIME OF INSPECTION <b>0545 hours</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>03/30/14 05:57</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</b> LOT # <b>13010</b> EXP. DATE <b>1-9-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD 1371</b> EXP. DATE <b>10-11-14</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>.099</b>	TEST 2 ▀ <b>.100</b>	TEST 3 ▀ <b>.101</b>
----------------------	----------------------	----------------------

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-.04) ▀	(.05-.09) ▀	(.10-.14) ▀	(.15-.19) ▀	OVER .19 <b>1</b>
----------------------	-------------	-------------	-------------	-------------------

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).

*This instrument is operating within the Department of Health and Senior Services specifications.*

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>P.O. Tim Graham</i>	PRINT FULL NAME <b>P.O. TIM GRAHAM DSN 61</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230220 / 10-17-15</b>	TELEPHONE NUMBER <b>636 938 6601</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.**

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 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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

Case No.	Case Name	Case Address	Case City	Case State	Case Zip
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000
10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000	10000000000000000000

Operator Name: [Faint text]  
Operator Address: [Faint text]  
Operator City: [Faint text]  
Operator State: [Faint text]  
Operator Zip: [Faint text]

OPERATOR SIGNATURE 

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
SHERIFF POLICE DEPARTMENT

AND IDENTIFIED SERIAL NUMBER (S) (S)  
MR-380414

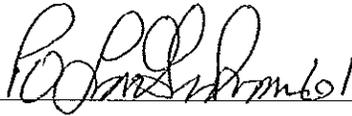
IDENTIFY OFFICER:  
SERIAL NUMBER  
OFFICER J. J. J. J.  
PERMIT NUMBER: 000000  
EXPIRATION DATE: 12/31/00  
MISSOURI LICENSE: 0000

--- SERIAL/SUMMER NUMBER

BLANK TEST	1000	00100
INTERNAL STANDARD	VIEWER 100	00100
EXTERNAL STANDARD	1000	00100
BLANK TEST	1000	00100
EXTERNAL STANDARD	1000	00100
BLANK TEST	1000	00100
EXTERNAL STANDARD	1000	00100
BLANK TEST	1000	00100

---  
STN. = 10  
PMD. = 10

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901





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

2

PERMIT  
 TYPE II

TIMOTHY S GRAHAM

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 230220

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (6-10)

LAB-4 (RS-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 GRAHAM, TIMOTHY  
 Permit No 230220  
 Date Issued 10/17/2013 Date Expires 10/17/2015