



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

**RECEIVED**  
 By Carol Day at 3:46 pm, May 29, 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>5-28-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>120 CITY HALL DR., EUREKA, MO. 63025</b>		TIME OF INSPECTION <b>0600 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>05/28/14 06:14</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH** LOT # **14030** EXP. DATE **1-20-16**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD1371** EXP. DATE **10-11-14**

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 <b>.102</b>	TEST 2 <b>.102</b>	TEST 3 <b>.103</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>1</b>	OVER .19 <b>0</b>
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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).

**THIS INSTRUMENT IS OPERATING WITHIN THE DEPARTMENT OF HEALTH AND SENIOR SERVICES SPECIFICATIONS.**

**INSPECTING OFFICER**

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 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 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.*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LABORER PUBLIC EMPLOYERS

LABORERS' UNION LOCAL 1000  
85114  
85114

DIAGNOSTIC CHECK

COMP CHECK	OKAY
PROGRAM (L24-847-2880)	OKAY
NEEDLES	
SAMPLE CHARGES	NO
FLOW DETECTOR	OKAY
PUMP	
FLUSH SPEED	OKAY
DETECTOR	OKAY
FILTERS	OKAY
QUARTZ STANDARD	OKAY
CALIBRATION	OKAY

PRINTED TEST

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OPERATOR SIGNATURE PO Jim Graham 61

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  
EUREKA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 202097  
05/28/14

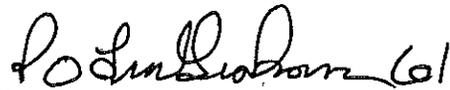
TESTING OFFICER:  
GRAHAM/TIM/S  
OFFICER I.D.# 61  
PERMIT NUMBER: 236020  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	06:16
INTERNAL STANDARD	VERIFIED	06:17
EXTERNAL STANDARD	.102	06:17
BLANK TEST	.000	06:18
EXTERNAL STANDARD	.102	06:18
BLANK TEST	.000	06:19
EXTERNAL STANDARD	.103	06:19
BLANK TEST	.000	06:20

N = 3  
S.D. = .1  
AVG. = .1023

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  
EUREKA POLICE DEPARTMENT

WIC DATA MASTER SERIAL NUMBER 200297  
10/28/14

ARREST TIME: 05:08  
SUBJECT NAME:  
SIMULATED  
DOB: 01/01/61 SEX: M  
STATE/D.L.: MO/12345  
ARRESTING OFFICER:  
GRAHAM/TIM/S  
OFFICER I.D.# 61  
TESTING OFFICER:  
GRAHAM/TIM/S  
OFFICER I.D.# 61  
PERMIT NUMBER: 200297  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:  
NFI

--- BREATH ANALYSIS ---

BLINK TEST	.000	06:22
INTERNAL STANDARD	VERIFIED	06:22
NOISE INTERFERENCE		

OPERATOR SIGNATURE

*Po Tim Graham 61*

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

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**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

MO 553 0771 (5 13)

*W. S. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul Vesterly*

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5 13)

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