



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

**RECEIVED** REPORT #6  
 By Carol Day at 3:51 pm, Aug 12, 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>8-1-14</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>120 City Hall Dr., Eureka, Mo. 63025</b>	TIME OF INSPECTION <b>0630 HOURS</b>
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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) <b>08/01/14 06:40</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>.100</b>	TEST 2 • <b>.101</b>	TEST 3 • <b>.102</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>0</b> OVER .19
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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.*

<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.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE 717-664-5170

## 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 J. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability*

*This lot was certified using Certified Reference Standard Lot Number TM22211-02. All values are traceable to NIST. All balances are calibrated annually by an outside agency with NIST traceable weights. Calibration verification is done prior to each use, ensuring NIST traceable weight.*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BURSKA POLICE DEPARTMENT

FOR OPERATOR SERIAL NUMBER RANGE  
88461-114  
85140

--- TECHNICAL CHECK ---

COMPUTER	OKAY
PROGRAM, FOR 884-88514	OKAY
TEST CARD	
PARALLEL TRANSMISSION	OKAY
PRINT RECEIPT	OKAY
MODE	
MODE SPECIAL	OKAY
IN MEMORY	OKAY
IN TIME	OKAY
NUMBER STANDARD	OKAY
DATE AND TIME	OKAY

NOTATION (YES)

OPERATOR: [Signature] DATE: [Blank] TIME: [Blank] LOCATION: [Blank]

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANASSAS, VA 20108

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF OHIO  
SHERIFF PUBLIC SAFETY

SEARCHED INDEXED SERIALIZED FILED  
MAY 19 1964

SEARCHED INDEXED  
SERIALIZED FILED  
MAY 19 1964  
FBI - CLEVELAND  
MAY 19 1964  
FBI - CLEVELAND

SEARCHED INDEXED

SEARCHED	INDEXED	SERIALIZED
FILED	FILED	FILED
MAY 19 1964	MAY 19 1964	MAY 19 1964
FBI - CLEVELAND	FBI - CLEVELAND	FBI - CLEVELAND
MAY 19 1964	MAY 19 1964	MAY 19 1964
FBI - CLEVELAND	FBI - CLEVELAND	FBI - CLEVELAND
MAY 19 1964	MAY 19 1964	MAY 19 1964
FBI - CLEVELAND	FBI - CLEVELAND	FBI - CLEVELAND
MAY 19 1964	MAY 19 1964	MAY 19 1964
FBI - CLEVELAND	FBI - CLEVELAND	FBI - CLEVELAND

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  
POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER: 88481219

ALLEGED VIOLATION: SIMULATED  
SUBJECT NAME: BOB BROWN  
DATE: 01/01/91  
STATE/LOCAL NO: 12345  
ARRESTING OFFICER: GREENGLASS  
OFFICER I.D. # 61  
TESTING OFFICER: GREENGLASS  
OFFICER I.D. # 61  
PERMIT NUMBER: 23456  
EXPIRATION DATE: 10/17/95  
MISCELLANEOUS DATA: (RF)

--- BREATH ANALYSIS ---

--- SCHEDULE TEST ---  
INTERNAL STANDARD      1.000      0.1000  
RATIO INTERFERENCE      VERIFIED      0.1000

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
PO BOX 1425 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 alcohol 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

CLASSIFICATION

*John S. ...*  
DIRECTOR OF STATE PUBLIC HEALTH SERVICES

*David ...*  
acting director  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
10/17/13

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

INSTRUMENT OPERATOR CARD

Operator: *CELESTINE MURPHY*  
Permit No.: *230220*  
Date Issued: *10/17/13* Date Expires: *10/17/15*

