



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

**RECEIVED**  
 By Carol Day at 12:13 pm, Sep 22, 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>203005</b>	NAME OF AGENCY <b>Edmundson P.D.</b>	DATE OF INSPECTION <b>9/13/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>4430 Holman Ln, Edmundson, MO 63134</b>		TIME OF INSPECTION <b>1900 hrs</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>9/13/2014 1904 hrs</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>49 °C</b>	<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 # **13290** EXP. DATE **10/29/2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0 °C** SIMULATOR SN **SD2737** EXP. DATE **7/15/2015**

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 <b>.098%</b>	TEST 2 <b>.098%</b>	TEST 3 <b>.098%</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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <b>Sgt. Daniel R. Patrick #20</b>
TYPE II PERM. NUMBER/EXPIRATION DATE <b>240040 2/24/16</b>	TELEPHONE NUMBER <b>314-428-4577</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.

600 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*

ACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 203005  
09/13/14  
19:04

--- 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:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~

\_\_\_\_\_  
OPER SIGNATURE 

\* No. 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  
BAC DATAMASTER SERIAL NUMBER 203005  
09/13/14

TESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 20  
PERMIT NUMBER: 240040  
EXPIRATION DATE: 02/24/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:17
INTERNAL STANDARD	VERIFIED	19:17
EXTERNAL STANDARD	.098	19:17
BLANK TEST	.000	19:18
EXTERNAL STANDARD	.098	19:19
BLANK TEST	.000	19:19
EXTERNAL STANDARD	.098	19:20
BLANK TEST	.000	19:20

N = 3  
SIM. = .1  
AVG. = .098

\_\_\_\_\_  
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  
BAC DATAMASTER SERIAL NUMBER 283885  
09/13/14

ARREST TIME: 18:45  
SUBJECT NAME:  
DOE/JOHN  
DOB: 01/01/82      SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 20  
TESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 20  
PERMIT NUMBER: 240040  
EXPIRATION DATE: 02/24/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:14
INTERNAL STANDARD	VERIFIED	19:14
RADIO INTERFERENCE		

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

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**PERMIT**  
**TYPE II**  
**DANEIL R PATRICK**

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**

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 2/24/2014

NUMBER 240040

EXPIRES 2/24/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES