



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

**RECEIVED**  
 By Carol Day at 2:40 pm, Mar 31, 2014 ORT #6

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 203008	NAME OF AGENCY Maryland Heights PD	DATE OF INSPECTION 03/21/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 11911 Dorsett Rd., Maryland Heights MO 63043		TIME OF INSPECTION 4:18 am

**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) <u>03/21/2014 @ 04:18 hrs.</u>
<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 _____ 50°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 <u>Guth Laboratories, Inc.</u> LOT # <u>12100</u> EXP. DATE <u>07/18/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2240</u> EXP. DATE <u>08/21/2014</u>

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <input checked="" type="checkbox"/> .101%	TEST 2 <input checked="" type="checkbox"/> .101%	TEST 3 <input checked="" type="checkbox"/> .102%
--	--	--

PERFORM R.F.I. TEST (PRINTOUT ATTACHED) *WT 32*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	3	(0-.04)	0	(.05-.09)	1	(.10-.14)	2	(.15-.19)	5	OVER .19	2
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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).  
 MEETS DHSS SPECIFICATIONS, JRS24

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>James Schnurr</i>	PRINT FULL NAME JAMES SCHNURR
TYPE II PERMIT NUMBER/EXPIRATION DATE 220095 04/12/2014	TELEPHONE NUMBER (314) 298-8700

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.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-6470

**CERTIFICATE OF ANALYSIS****Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number 12100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 20, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is July 18, 2014 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  
MARYLAND HEIGHTS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203009  
03/21/14  
04:18

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MARYLAND HEIGHTS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203000  
03/21/14

TESTING OFFICER:  
SCHMURR/JAMES  
OFFICER I.D.: 24  
PERMIT NUMBER: 220095  
EXPIRATION DATE: 04/12/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	04:21
INTERNAL STANDARD	VERIFIED	04:21
EXTERNAL STANDARD	.101	04:22
BLANK TEST	.000	04:22
EXTERNAL STANDARD	.101	04:23
BLANK TEST	.000	04:23
EXTERNAL STANDARD	.102	04:24
BLANK TEST	.000	04:24

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

Operator Signature  2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MARYLAND HEIGHTS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203008  
03/21/14

ARREST TIME: 00:00  
SUBJECT NAME:  
TEST/RFI  
DOB: 11/11/11 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
NA

OFFICER I.D.:  
TESTING OFFICER:  
SCHNURR/JAMES  
OFFICER I.D.: 24  
PERMIT NUMBER: 200095  
EXPIRATION DATE: 04/12/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	04:27
INTERNAL STANDARD	VERIFIED	04:27
RADIO INTERFERENCE		

Operator Signature



State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



JAMES R SCHNURR

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

**DATAMASTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1988.

Date 04/12/2012

Number 220095

Expires 04/12/2014

Director of State Public Health Laboratory

Director, Department of Health