



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

**RECEIVED**  
 By Carol Day at 10:34 am, Oct 07, 2014  
 REPORT #

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 203048	NAME OF AGENCY MALDEN POLICE DEPARTMENT	DATE OF INSPECTION 10-03-14
LOCATION OF INSTRUMENT (STREET AND CITY) MALDEN POLICE DEPARTMENT 112 E. LACLEDE MALDEN MO 63863		TIME OF INSPECTION 1450

**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)	10-03-14	1453
<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	GUTH LABORATORIES	LOT #	14200
		EXP. DATE	08-05-16
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C)	34 °C	SIMULATOR SN	SD2589
		EXP. DATE	06-02-15
<input checked="" type="checkbox"/> 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	.097	TEST 2	.097	TEST 3	.098
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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	1	(0-.04)	11	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	OVER .19	0
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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).

THE INSTRUMENT IS WORKING WITHIN DEPARTMENT OF HEALTH GUIDELINES  
 ADJUSTED CLOCK ON MACHINE TO MATCH CLOCK IN BOOKING ROOM ADJUSTED FORWARD  
 APPROXIMATELY 7 MINUTES

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Russell Miller</i>	PRINT FULL NAME Sgt. Russell Miller
TYPE II PERMIT NUMBER EXPIRATION DATE 240233 05-12-16	TELEPHONE NUMBER 573-276-2211

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.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-604-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 Certified 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  
MALDEN POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 240203  
12/23/14

ARREST TIME: 14:00  
SUBJECT NAME:  
REF/TEST  
DOB: 12/12/89 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
MILLER/RUSSELL  
OFFICER I.D.: 3  
TESTING OFFICER:  
MILLER/RUSSELL  
OFFICER I.D.: 3  
PERMIT NUMBER: 240203  
EXPIRATION DATE: 05/12/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---  
BLANK TEST  
INTERNAL STANDARD VERIFIED 15:04  
RADIO INTERFERENCE

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
MALDEN POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 240203  
12/23/14

ARREST TIME: 14:00  
SUBJECT NAME:  
REF/TEST  
DOB: 12/12/89 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
MILLER/RUSSELL  
OFFICER I.D.: 3  
TESTING OFFICER:  
MILLER/RUSSELL  
OFFICER I.D.: 3  
PERMIT NUMBER: 240203  
EXPIRATION DATE: 05/12/16  
MISCELLANEOUS DATA:  
BLANK/TEST

--- BREATH ANALYSIS ---  
BLANK TEST  
INTERNAL STANDARD VERIFIED  
SUBJECT SAMPLE  
BLANK TEST

Operator Signature



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

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**PERMIT  
TYPE II**

**RUSSELL L MILLER**

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

**DATAMASTER**

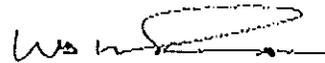
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/12/2014

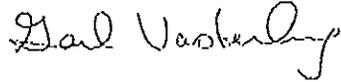
NUMBER 240233

EXPIRES 5/12/2016

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICE



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 MILLER, RUSSELL  
Permit No 240233  
Date Issued 5/12/2014 Date Expires 5/12/2016