



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

**RECEIVED**  
 REPORT #6  
 By Carol Day at 3:41 pm, Apr 28, 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>203057</b>	NAME OF AGENCY <b>PEVELY POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>04-23-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>401 MAIN ST, PEVELY, MO 63070</b>		TIME OF INSPECTION <b>1109</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>4-23-14 11:09</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</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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABS</b> LOT # <b>13290</b> EXP. DATE <b>10-29-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C SIMULATOR SN <b>SD2298</b> EXP. DATE <b>09-16-14</b>

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

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>[Signature]</b>	PRINT FULL NAME <b>CHARLES A MOUNTAIN</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230206 09-23-15</b>	TELEPHONE NUMBER <b>636-475-5301</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 67th 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°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 on a regular basis using NIST traceable weights.*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
PEVELY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203051  
04/23/14  
11:09

---- 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:;<=>?@ABCDEFGHI  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
pqrstuvwxyz{|}~

Operator Signature *[Signature]* 795

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
PEVELY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203051  
04/23/14

TESTING OFFICER:

MOUTRAY/C  
OFFICER I.D.: 795  
PERMIT NUMBER: 200006  
EXPIRATION DATE: 09/23/15  
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST	.000	11:21
INTERNAL STANDARD	VERIFIED	11:21
EXTERNAL STANDARD	.102	11:21
BLANK TEST	.000	11:22
EXTERNAL STANDARD	.102	11:23
BLANK TEST	.000	11:23
EXTERNAL STANDARD	.102	11:24
BLANK TEST	.000	11:24

N = 3  
SIM. = .1  
AVG. = .102

Operator Signature *[Signature]* 795

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PEVELY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203051  
04/23/14

ARREST TIME: 09:00

SUBJECT NAME:

REF/TEST

DOB: 11/11/01 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

MOUTRAY/C

OFFICER I.D.: 795

TESTING OFFICER:

MOUTRAY/C

OFFICER I.D.: 795

PERMIT NUMBER: 230206

EXPIRATION DATE: 09/23/15

MISCELLANEOUS DATA:

BLANK TEST

REF TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:30
INTERNAL STANDARD	VERIFIED	11:30
RADIO INTERFERENCE		

Operator Signature

*RM 795*



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

**PERMIT**  
**TYPE II**

**CHARLES A MOUTRAY**

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 s  
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/23/2013

NUMBER 230206

EXPIRES 9/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LA



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 MOUTRAY, CHARLES  
Permit No 230206  
Date Issued 9/23/2013    Date Expires 9/23/2015