



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
DATAMASTER MAINTENANCE REPORT

RECEIVED 7/18/14-CD

REVIEWED  
By Carol Day at 4:23 pm, Aug 06, 2014

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and if repairs are needed. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204002</b>	DATE OF INSPECTION <b>7/09/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>219 E. MAIN STREET, WHEATON, MO 64874</b>	TIME OF INSPECTION <b>1036</b>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write observed values where determined.) Unchecked items must be corrected before using instrument.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

<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>48 °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

TIME AND DATE

SIMULATOR TEMPERATURE (34 °C ± 0.2°C) **34°C**

CALIBRATION CHECK -  
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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE  
 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE  
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <b>.101</b>	TEST 2 <b>.102</b>	TEST 3 <b>.102</b>
--------------------	--------------------	--------------------

PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS <input type="radio"/> (0-.04) <input type="radio"/>	<input type="radio"/> (.05-.09) <input type="radio"/>	<input type="radio"/> (.10-.14) <input type="radio"/>	<input type="radio"/> (.15-.19) <input type="radio"/>	<input type="radio"/> (Over .19) <input type="radio"/>
--	---	---	---	--

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)

**GUTH LABORATORIES LOT# 13280 EXPIRATION: 10/16/2015**  
**0.10% ALCOHOL IN VAPOR CONCENTRATION**

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>Jackie D. Lowe</b>	PRINT NAME <b>JACKIE D. LOWE</b>
PERMIT NUMBER/EXPIRATION DATE <b>240143</b>	TELEPHONE NUMBER <b>417-342-1196</b>



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, 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 **October 16, 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.*

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
RAC DETRANSMITER SERIAL NUMBER 2044822  
07/09/14

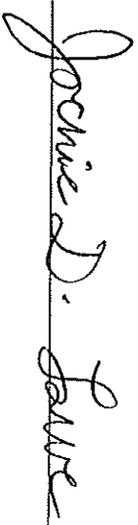
ARREST TIME: 10:00  
SUBJECT NAME:  
SMITH,JOHN  
DOB: 12/31/70 SEX: M  
STATE I.D.L.: MO/123456789  
ARRESTING OFFICER:  
LOVE

OFFICER I.D.: 701  
TESTING OFFICER:  
UNEMPLOYED  
OFFICER I.D.: 701  
PERMIT NUMBER: 240143  
EXPIRATION DATE: 04/15/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RUNK TEST	.000	10:42
INTERNAL STANDARD	VERIFIED	
PHOHO INTERFERENCE		10:48

Operator Signature



**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 204002  
07/09/14

TESTING OFFICER:  
UNEMPLOYED  
OFFICER I, S.: 701  
PERMIT NUMBER: 240143  
EXPIRATION DATE: 04/15/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:41
INTERNAL STANDARD	VERIFIED	10:41
EXTERNAL STANDARD	.101	10:42
BLANK TEST	.000	10:42
EXTERNAL STANDARD	.102	10:43
BLANK TEST	.000	10:43
EXTERNAL STANDARD	.102	10:44
BLANK TEST	.000	10:44

M = 3  
SUM = .1  
AVG = .1016

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 204002  
07/09/14  
10:36

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 400C

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEEDS: OKAY

DETECTORS: OKAY

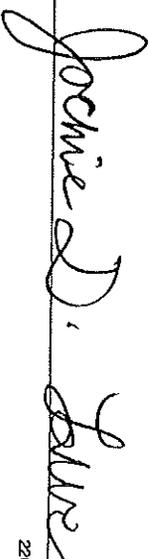
FILTERS: OKAY

QUIPRTZ STANDARD: OKAY

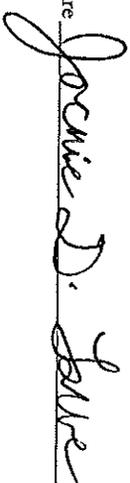
DELIBERATION: OKAY

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

Operator Signature



Operator Signature





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

2

**PERMIT**  
**TYPE II**  
**JACKIE D LOWE**

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 4/15/2014

NUMBER 240143

EXPIRES 4/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580 0771 (6-10)

LAB-4 (06-10)

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 LOWE, JACKIE  
 Permit No 240143  
 Date Issued 4/15/2014 Date Expires 4/15/2016