



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

**RECEIVED**  
 By Carol Day at 11:20 am, Sep 25, 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 204029	NAME OF AGENCY MARYVILLE DEPARTMENT OF PUBLIC SAFETY	DATE OF INSPECTION 09/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 222 EAST THIRD STREET, MARYVILLE, MO 64468		TIME OF INSPECTION 7:47 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) 09/17/14 07:48
<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 INC. LOT # 14110 EXP. DATE 05/01/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2281 EXP. DATE 01/10/2015

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 .097	TEST 2 .097	TEST 3 .097
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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	0	(0-.04)	0	(.05-.09)	3	(.10-.14)	2	(.15-.19)	4	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).

BAC DATAMASTER #204029 CONFORMS TO DEPARTMENT OF HEALTH SPECIFICATIONS.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>W. Wilson</i>	PRINT FULL NAME WAYNE L. WILSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 240332 09/03/2016	TELEPHONE NUMBER (660) 562-3209

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.

590 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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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 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.*



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

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**PERMIT  
TYPE II**

**WAYNE L WILSON**

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 9/3/2014

NUMBER 240332

EXPIRES 9/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R6-10)



**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 WILSON, WAYNE  
Permit No 240332  
Date Issued 9/3/2014 Date Expires 9/3/2016

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
MARYVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATA MASTER SERIAL NUMBER 204029  
09/17/14

TESTING OFFICER:  
WILSON  
OFFICER I.D.# 202  
PERMIT NUMBER: 240332  
EXPIRATION DATE: 09/03/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:02
INTERNAL STANDARD	VERIFIED	08:02
EXTERNAL STANDARD	.097	08:03
BLANK TEST	.000	08:03
EXTERNAL STANDARD	.097	08:04
BLANK TEST	.000	08:04
EXTERNAL STANDARD	.097	08:05
BLANK TEST	.000	08:05

N = 3  
STDEV. = .1  
AVG. = .097

DR SIGNATURE *W. Wilson*

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  
MARYVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATA MASTER SERIAL NUMBER 204029  
09/17/14  
07:48

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2005): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~>

OPERATOR SIGNATURE *W. Wilson*

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

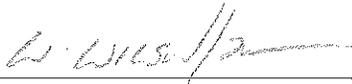
STATE OF MISSOURI  
MARIYVILLE DEPARTMENT OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 204029  
09/17/14

ARREST TIME: 07:30  
SUBJECT NAME:  
WILSON  
DOB: 11/17/71 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
WILSON  
OFFICER I.D.: 262  
TESTING OFFICER:  
WILSON  
OFFICER I.D.: 202  
PERMIT NUMBER: 240332  
EXPIRATION DATE: 09/03/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	08:09
INTERNAL STANDARD	VERIFIED	08:09
RADIO INTERFERENCE		

OPERATOR SIGNATURE 

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901