



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

RECEIVED

By Carol Day at 1:22 pm, Apr 08, 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 204061	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 710 South Kingshighway, Perryville, MO 63775		TIME OF INSPECTION 7:20 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) 04/08/14 07:20
<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 _____ 49 °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>13280</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C	SIMULATOR SN <u>G6828</u> EXP. DATE <u>07/09/2014</u>
<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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .101	TEST 3 <input checked="" type="checkbox"/> .101
---	---	---

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)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	OVER .19	0
----------	---	----------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Instrument operating within MODHSS specifications. Solution Bottle #1648 Datamaster Inventory #127191

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Tpr. James R. Sauer
TYPE II PERMIT NUMBER/EXPIRATION DATE 240070 03/04/2016	TELEPHONE NUMBER (636) 300-2800

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.

990 NORTH 87th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-6470

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°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.

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204061
04/02/14
07:28

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2909): OKAY
HEATERS
SAMPLE CHAMBER: 49C
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
GARRIZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!#%&'()*+,-./:;<=>?@ABCDEFGHIJKL
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~*

Operator Signature



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204061
04/02/14

TESTING OFFICER:

SMUER/JAMES/R
OFFICER I.D.: 745
PERMIT NUMBER: 240070
EXPIRATION DATE: 02/27/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST
INTERNAL STANDARD
EXTERNAL STANDARD
BLANK TEST
EXTERNAL STANDARD
BLANK TEST
EXTERNAL STANDARD
BLANK TEST
VERIFIED
07:23
07:24
07:25
07:25
07:26
07:26
07:27
07:28

N = 3
STDEV = .1
AVG. = .1006

Operator Signature



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204061
04/02/14

REQUEST TIME: 06:55

SUBJECT NAME:

DOE/JOHN/R

DOB: 11/11/71

STATE/D.L.: MO/1L1111

SEX: N

APPOINTING OFFICER:

SMUER/JAMES/R

OFFICER I.D.: 745

TESTING OFFICER:

SMUE

OFFICER I.D.: 745

PERMIT NUMBER: 240070

EXPIRATION DATE: 02/27/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST
INTERNAL STANDARD
RADIO INTERFERENCE
VERIFIED
07:31
07:31

Operator Signature





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

2

**PERMIT
TYPE II**

JAMES R SAUER

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, INTOX DMT

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 308.111 through 308.119 RSMo.

DATE 3/7/2014

NUMBER 240070

EXPIRES 3/7/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SAUER, JAMES
Permit No 240070
Date Issued 3/7/2014 Date Expires 3/7/2016