



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

RECEIVED
 By Carol Day at 1:31 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 <u>2041063</u> | Inv. # <u>127190</u> | NAME OF AGENCY <u>MSHP - I</u> | DATE OF INSPECTION <u>4-2-14</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>PHELPS COUNTY SHERIFFS DEPT., 500 W 3RD STREET, ROLLA, MO</u> | | TIME OF INSPECTION <u>00:48</u> | |

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) <u>04/02/14 00:48</u> |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM (<u>04-07-2009</u>) | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>50</u> °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>GAUTH LABORATORIES, INC.</u> LOT # <u>13290</u> | EXP. DATE <u>10/29/15</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C | SIMULATOR SN <u>G11078</u> EXP. DATE <u>1-9-2015</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 <u>.102</u> | TEST 2 <u>.102</u> | TEST 3 <u>.102</u> |
|--------------------|--------------------|--------------------|

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

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | | |
|----------|------------------|--------------------|--------------------|--------------------|-------------------|----------|
| REFUSALS | <u>0</u> (0-.04) | <u>1</u> (.05-.09) | <u>1</u> (.10-.14) | <u>7</u> (.15-.19) | <u>3</u> OVER .19 | <u>1</u> |
|----------|------------------|--------------------|--------------------|--------------------|-------------------|----------|

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).

THIS INSTRUMENT OPERATES WITHIN THE D.H.S.S. SPECS.

| | |
|---|---|
| SIGNATURE <u>[Signature]</u> | PRINT FULL NAME <u>TPR. DEREK B. BLANKENSHIP</u> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230013 / 02-08-2015</u> | TELEPHONE NUMBER <u>(573) 368-2345</u> |

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.

860 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470.

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.

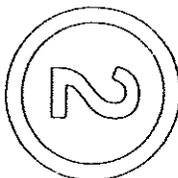
NIST Traceability:

Testing was conducted using 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



PERMIT
TYPE II

DEREK B BLANKENSHIP

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 02/08/2013

NUMBER 230013

EXPIRES 02/08/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204063
04/02/14

TESTING OFFICER:
BLANKENSHIP/D/B
OFFICER I.D.#: 1355
PERMIT NUMBER: 200013
EXPIRATION DATE: 02/03/15
MISCELLANEOUS DATA:
APRIL MAINT. CHECK

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 01:12 |
| INTERNAL STANDARD | VERIFIED | 01:12 |
| EXTERNAL STANDARD | .102 | 01:12 |
| BLANK TEST | .000 | 01:13 |
| EXTERNAL STANDARD | .102 | 01:13 |
| BLANK TEST | .000 | 01:14 |
| EXTERNAL STANDARD | .102 | 01:14 |
| BLANK TEST | .000 | 01:15 |

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

Operator Signature *Derek Blankenship* #1355

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204063
04/02/14
00:48

--- DIAGNOSTIC CHECK ---

| | |
|-----------------------|------|
| COMPUTER: | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS | |
| SAMPLE CHAMBER: | 50c |
| FLOW DETECTOR: | OKAY |
| PUMP | |
| HIGH SPEED: | OKAY |
| DETECTOR: | OKAY |
| FILTERS: | OKAY |
| QUARTZ STANDARD: | OKAY |
| CALIBRATION: | OKAY |

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;@<=>?`AB CDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmnop
qrstuvwxy z{|}~

Operator Signature *Derek Blankenship* #1355

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 264063
04/02/14

ARREST TIME: 00:30
SUBJECT NAME:
RFI/TEST
DOB: 01/01/70 SEX: M
STATE/O.L.# NO: 1234567890
ARRESTING OFFICER:
BLANKENSHIP/D/B
OFFICER I.D.#: 1355
TESTING OFFICER:
BLANKENSHIP/D/B
OFFICER I.D.#: 1355
PERMIT NUMBER: 230613
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | 1.000 | 01:20 |
| INTERNAL STANDARD | VERIFIED | 01:20 |
| RADIO INTERFERENCE | | |

Operator Signature *Derek Bluff* #1355