



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

REPORT #6

**RECEIVED**  
 By Carol Day at 9:32 am, Jun 18, 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>204063 / INV.# 127190</u>	NAME OF AGENCY <u>MSHP-I</u>	DATE OF INSPECTION <u>6-4-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>HELPS COUNTY SHERIFF'S DEPT., 500 W. 2<sup>ND</sup> STREET, ROLLA</u>		TIME OF INSPECTION <u>08:05</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>06/04/14 08:05</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM ( <u>01-07-2009</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>GUTH 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>34.2</u> °C SIMULATOR SN <u>G11078</u> EXP. DATE <u>1-9-2015</u>

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>0</u>	(.05-.09) <u>1</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</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).

ENDING MAINTENANCE.  
TO BE REPLACED WITH INTOXIMETERS DMT, SN 500073.

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

INSPECTING OFFICER SIGNATURE <u>Derek Blankenship</u>	PRINT FULL NAME <u>DEREK B. BLANKENSHIP</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240152 / 04-22-2016</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.



## GUTH LABORATORIES, INC.

890 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 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

2

**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, 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 306.111 through 306.119 RSMo.

DATE 4/22/2014

NUMBER 240152

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **BLANKENSHIP, DEREK**  
 Permit No **240152**  
 Date Issued **4/22/2014** Date Expires **4/22/2016**

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204063  
06/04/14

TESTING OFFICER:  
BLANKENSHIP/D/B  
OFFICER I.D.: 1355  
PERMIT NUMBER: 240152  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:  
JUNE MAINT.  
ENDING MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:12
INTERNAL STANDARD	VERIFIED	08:12
EXTERNAL STANDARD	.102	08:13
BLANK TEST	.000	08:14
EXTERNAL STANDARD	.102	08:14
BLANK TEST	.000	08:15
EXTERNAL STANDARD	.102	08:15
BLANK TEST	.000	08:16

n = 3  
SIM. = .1  
AVG. = .102

OPERATOR SIGNATURE

*David Blankenship* #1355

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204063  
06/04/14  
08:05

--- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~

OPERATOR SIGNATURE

*David Blankenship* #1355

Card Stock No.  
60021

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

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204063  
06/04/14

ARREST TIME: 07:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
BLANKENSHIP/D/B  
OFFICER I.D.: 1355  
TESTING OFFICER:  
BLANKENSHIP/D/B  
OFFICER I.D.: 1355  
PERMIT NUMBER: 240152  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:  
JUNE RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 08:19  
INTERNAL STANDARD VERIFIED 08:19  
RADIO INTERFERENCE

OPERATOR SIGNATURE *Derek Blahnik* #1355

Card Stock No.  
60021

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