



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

RECEIVED 4/1/14-CD

REVIEWED REPORT #6
 By Carol Day at 1:27 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 204067 | NAME OF AGENCY MSHP - I | DATE OF INSPECTION 03/26/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Maries County Sheriff's Department, Vienna, Missouri | | TIME OF INSPECTION 10:44 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) 03/26/2014 / 1044 hrs |
| <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 Guth Laboratories, Inc. | LOT # 13290 EXP. DATE 10/29/2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C | SIMULATOR SN 115943 EXP. DATE 09/13/2014 |
| <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 .104 | TEST 2 .103 | TEST 3 .103 |
|-------------|-------------|-------------|

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) 1 | (.10-.14) 0 | (.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).

| | |
|--|--|
| INSPECTING OFFICER | |
| SIGNATURE CPL MA GOODSON | PRINT FULL NAME Corporal Matthew A. Goodson |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240051 03/07/2016 | TELEPHONE NUMBER (573) 368-2345 |

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.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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**

MATTHEW A GOODSON

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 3/7/2014

NUMBER 240051

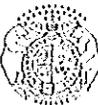
EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB 4 (135-10)



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 **GOODSON, MATTHEW**
Permit No **240051**
Date Issued **3/7/2014** Date Expires **3/7/2016**

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204067
03/26/14

ARREST TIME: 10:30
SUBJECT NAME:
MARCH MAINT/CHECK
DOB: 03/26/14 SEX: M
STATE/D.L.: MO/0123456789
ARRESTING OFFICER:
GOODSON/M/A
OFFICER I.D.: 570
TESTING OFFICER:
SAME
OFFICER I.D.: 570
PERMIT NUMBER: 240051
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:
MARCH MAINT CHECK

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 11:05 |
| INTERNAL STANDARD | VERIFIED | 11:05 |
| RADIO INTERFERENCE | | |

Operator Signature

CPL M A Goodson