



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

RECEIVED 7/11/14-CD

**REVIEWED**  
 By Carol Day at 3:17 pm, Jul 21, 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 204070	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/06/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) Dunklin County Justice Center , 1175 Floyd Street, Kennett, MO	TIME OF INSPECTION 1:54 pm
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**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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 07/06/2014 1354 Hours

COMPUTER  DETECTOR

PROGRAM  FILTERS

HEATERS SAMPLE CHAMBER 50 °C  QUARTZ STANDARD

FLOW DETECTOR  CALIBRATION

PUMP HIGH SPEED  PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Labs Inc LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.02 °C SIMULATOR SN G11111 EXP. DATE 02/18/2015

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 <u>.099</u>	TEST 2 <u>.099</u>	TEST 3 <u>.100</u>
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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)	2	OVER .19	1
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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).

Operating within MODHSS Specifications

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Tpr R.L. Vannada
TYPE II PERMIT NUMBER/EXPIRATION DATE 240114 03/11/2016	TELEPHONE NUMBER (573) 888-9755

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Blvd.  
 Dunklin Bluff, MO 63001

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
07/06/14  
13:54

--- 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:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature \_\_\_\_\_



Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
07/06/14

TESTING OFFICER:  
VANNADA/RICKY/L  
OFFICER I.D.: 1117  
PERMIT NUMBER: 240114  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:57
INTERNAL STANDARD	VERIFIED	13:57
EXTERNAL STANDARD	.099	13:57
BLANK TEST	.000	13:58
EXTERNAL STANDARD	.099	13:58
BLANK TEST	.000	13:59
EXTERNAL STANDARD	.100	13:59
BLANK TEST	.000	14:00

N = 3  
SIM. = .1  
AVG. = .0993

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
07/06/14

ARREST TIME: 00:01  
SUBJECT NAME:  
DOE/JOHN/E  
DOB: 01/02/80           SEX: M  
STATE/D.L.: MO/12445678  
ARRESTING OFFICER:  
VANNADA/RICKY/L  
OFFICER I.D.: 1117  
TESTING OFFICER:  
VANNADA/RICKY/L  
OFFICER I.D.: 1117  
PERMIT NUMBER: 240114  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	000	14:02
INTERNAL STANDARD	VERIFIED	14:02
RADIO INTERFERENCE		

Operator Signature





**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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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**

**RICKY L VANNADA**

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 3/11/2014

NUMBER 240114

EXPIRES 3/11/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 VANNADA, RICKY  
 Permit No 240114  
 Date Issued 3/11/2014 Date Expires 3/11/2016



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

CERTIFICATE OF CALIBRATION

This report shall document that the instrument described herein was examined and tested against NIST-traceable reference standards in accordance with Missouri Department of Health and Senior Services State Public Health Laboratory Breath Alcohol Program's Testing Requirements for the Recalibration of Simulators.

AGENCY: Missouri State Highway Patrol

ADDRESS: Route 6, Box 572

CITY: Poplar Bluff, MO

ZIP: 63901

SIMULATOR INFORMATION

Serial Number: G11111

Manufacturer: Guth

Model Number: 34C

CALIBRATION RESULTS

Table with 6 columns: Reference Temperature, Simulator Temperature, Tolerance, Bias, In Tolerance, Combined Uncertainty. Values: 33.93, 34.00, ±0.1 °C, 0.07 °C, YES, ±0.04 °C

This calibration was performed with NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian Lutmer

This calibration was performed: 02/29/2012