



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

**RECEIVED**  
 By Carol Day at 1:16 pm, Aug 14, 2014  
 REPORT #6

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 08/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Dunklin County Justice Center , 1175 Floyd Street, Kennett, MO		TIME OF INSPECTION 9:03 pm

**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>08/09/2014 2103 Hours</u>
<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 _____ <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 Labs Inc</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ <u>33.99</u> °C SIMULATOR SN _____ <u>G11111</u> EXP. DATE <u>02/18/2015</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)

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  .097	TEST 2  .098	TEST 3  .098
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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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	OVER .19	0
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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.  
 Poplar Bluff, MO 63901

Face This Side Down - This Edge In First

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
08/09/14  
21:03

--- 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[\]^\_`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  
08/09/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:05
INTERNAL STANDARD	VERIFIED	21:05
EXTERNAL STANDARD	.097	21:06
BLANK TEST	.000	21:06
EXTERNAL STANDARD	.098	21:07
BLANK TEST	.000	21:07
EXTERNAL STANDARD	.098	21:08
BLANK TEST	.000	21:08

N = 3  
SIM. = .1  
AVG. = .0976

Operator Signature



Face This Side Down - This Edge In First

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
08/09/14

ARREST TIME: 00:01  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 12/12/67      SEX: M  
STATE/D.L.: MO/1234567  
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	21:11
INTERNAL STANDARD	VERIFIED	21:11
RADIO INTERFERENCE		

Operator Signature





**GUTH LABORATORIES, INC.**

500 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5670

## 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

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**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.

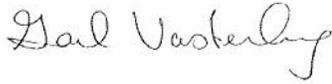
DATE 3/11/2014

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**

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

<b>Agency:</b>	<u>Missouri State Highway Patrol</u>
<b>Serial Number:</b>	<u>G11111</u>
<b>Manufacturer:</b>	<u>Guth</u>
<b>Model Number:</b>	<u>34C</u>

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>	<u>Bias</u>	<u>In Tolerance</u>
33.93	34.0	-0.07 °C	YES

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

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 02/18/2014

**COPY OF CALIBRATION STICKER**

This simulator has been calibrated according to DHSS specifications

	<b>SIMULATOR SERIAL NO.:</b>	<u>G11111</u>
	<b>EXPIRATION DATE:</b>	<u>02/18/2015</u>
	<b>DATE OF CALIBRATION:</b>	<u>02/18/2014</u>
	<b>NIST REF. THERM. SERIAL NO.:</b>	<u>304447</u>
	<b>BIAS:</b>	<u>-0.07 C</u>
	<b>ANALYST INITIALS:</b>	<u>BML</u>