



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

**RECEIVED**  
 By Carol Day at 10:51 am, Sep 16, 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<br>204070  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/11/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Dunklin County Justice Center , 1175 Floyd Street, Kennett, MO |   | TIME OF INSPECTION<br>3:45 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>09/11/2014 1545 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>33.97</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  .096 | TEST 2  .098 | TEST 3  .099 |
|--------------|--------------|--------------|

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 | 1 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 2 | (.15-.19) | 1 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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<br>  | PRINT FULL NAME<br>Tpr R.L. Vannada |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240114 03/11/2016 | TELEPHONE NUMBER<br>(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  
09/11/14  
15:45

--- 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[\]^\_`abcdefghijklmnopqr  
stuvwxyz{|}~

Operator Signature



Face This Side Down - This Edge In First

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
09/11/14

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

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 15:48 |
| INTERNAL STANDARD | VERIFIED | 15:49 |
| EXTERNAL STANDARD | .096     | 15:49 |
| BLANK TEST        | .000     | 15:50 |
| EXTERNAL STANDARD | .098     | 15:50 |
| BLANK TEST        | .000     | 15:51 |
| EXTERNAL STANDARD | .099     | 15:51 |
| BLANK TEST        | .000     | 15:52 |

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

Operator Signature



Face This Side Down - This Edge In First

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

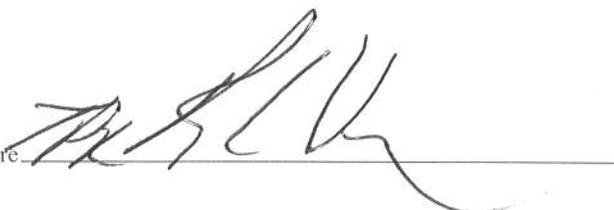
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204070  
09/11/14

ARREST TIME: 00:10  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 12/12/78           SEX: M  
STATE/D.L.: MO/12345678  
ARRESTING OFFICER:  
VANMADA/RICKY/L  
OFFICER I.D.: 1117  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 1117  
PERMIT NUMBER: 240114  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 15:55 |
| INTERNAL STANDARD  | VERIFIED | 15:55 |
| RADIO INTERFERENCE |          |       |

Operator Signature





**GUTH LABORATORIES, INC.**

800 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



**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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**

| <u>Reference Temperature</u> | <u>Simulator Temperature</u> | <u>Tolerance</u> | <u>Bias</u> | <u>In Tolerance</u> | <u>Combined Uncertainty</u> |
|------------------------------|------------------------------|------------------|-------------|---------------------|-----------------------------|
| 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