



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

DATAMASTER MAINTENANCE REPORT

RECEIVED 7/12/14-CD

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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.

REVIEWED
By Carol Day at 3:40 pm, Aug 12, 2014

DATAMASTER SN 204078	NAME OF AGENCY Missouri State Highway Patrol, Troop B, Z-6	DATE OF INSPECTION 07/01/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) 518 North Lincoln Street, Kahoka; Clark County Sheriff's Office		TIME OF INSPECTION 4:59 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) 07/01/14 16:59			
<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 <u>Guth Laboratories, 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>34.00</u> °C SIMULATOR SN <u>MP2120</u> EXP. DATE <u>06/03/2015</u>					
<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 ← .098	TEST 2 ← .099	TEST 3 ← .099			
<input checked="" type="checkbox"/> 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) 0	(.10-.14) 5	(.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).					
Due to this instrument being replaced with an Intox DMT, this is the ending maintenance report for this instrument.					
INSPECTING OFFICER					
SIGNATURE <i>Joe JD Davidson</i>			PRINT FULL NAME Joseph D. Davidson		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240159 04/22/2016			TELEPHONE NUMBER (660) 385-2132		
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: 717-684-6470

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.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204078
07/01/14
16:59

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~

Operator Signature

TR JD Davison

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204078
07/01/14

TESTING OFFICER:
DAVIDSON/JOSEPH/D
OFFICER I.D.: 191
PERMIT NUMBER: 240159
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:
.10 MAINT.

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:03
INTERNAL STANDARD	VERIFIED	17:03
EXTERNAL STANDARD	.098	17:03
BLANK TEST	.000	17:04
EXTERNAL STANDARD	.099	17:05
BLANK TEST	.000	17:06
EXTERNAL STANDARD	.099	17:06
BLANK TEST	.000	17:07

N = 3

SIM. = .1

AVG. = .0986

Operator Signature

Tpr JD Davidson

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204078
07/01/14

ARREST TIME: 16:50
SUBJECT NAME:
TEST/RFI
DOB: 01/01/90 SEX: F
STATE/D.L.: NA/NA
ARRESTING OFFICER:
DAVIDSON/JOSEPH/D
OFFICER I.D.: 191
TESTING OFFICER:
DAVIDSON/JOSEPH/D
OFFICER I.D.: 191
PERMIT NUMBER: 240159
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:09
INTERNAL STANDARD	VERIFIED	17:09
RADIO INTERFERENCE		

Operator Signature. _____

Tpe JD Davidson



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

JOSEPH D DAVIDSON

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 240159

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **DAVIDSON, JOSEPH**
 Permit No **240159**
 Date Issued **4/22/2014** Date Expires **4/22/2016**