



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

REPORT #6

**RECEIVED**  
 By Carol Day at 11:36 am, Dec 18, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not a repair check). 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>204078 | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>12/05/2014 |
|-------------------------|---|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Courthouse Square, Office 19 Lancaster, MO, Schuyler County Sheriff's Office | TIME OF INSPECTION<br>9:47 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>12-05-2014 2147</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>49</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          |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD1441 EXP. DATE 11/03/2015

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  .097 | TEST 2  .097 | TEST 3  .098 |
|--------------|--------------|--------------|

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) | 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<br>  | PRINT FULL NAME<br>William J. Crose |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240351 10/03/2016 | TELEPHONE NUMBER<br>(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.**

800 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5670

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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

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**PERMIT  
 TYPE II**

**WILLIAM J CROSE**

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, ALCO-SENSOR IV W/PRINTER**

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 10/3/2014

NUMBER 240351

EXPIRES 10/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (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 CROSE, WILLIAM  
 Permit No 240351  
 Date Issued 10/3/2014 Date Expires 10/3/2016

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204078  
12/05/14

TESTING OFFICER:  
CROSE/W/J  
OFFICER I.D.: 382  
PERMIT NUMBER: 240351  
EXPIRATION DATE: 10/03/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 21:57 |
| INTERNAL STANDARD | VERIFIED | 21:57 |
| EXTERNAL STANDARD | .097     | 21:57 |
| BLANK TEST        | .000     | 21:58 |
| EXTERNAL STANDARD | .097     | 21:59 |
| BLANK TEST        | .000     | 21:59 |
| EXTERNAL STANDARD | .098     | 22:00 |
| BLANK TEST        | .000     | 22:00 |

N = 3  
SIM. = .1  
AVG. = .0973

Operator Signature *William J. Crose*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204078  
12/05/14

ARREST TIME: 19:00  
SUBJECT NAME:  
RFICHECK  
DOB: 05/05/70      SEX: M  
STATE/D.L.: NA/NA  
ARRESTING OFFICER:

NA  
OFFICER I.D.: 000  
TESTING OFFICER:

CROSE/W/J  
OFFICER I.D.: 382  
PERMIT NUMBER: 240351  
EXPIRATION DATE: 10/03/16  
MISCELLANEOUS DATA:

NA  
NA

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 22:06 |
| INTERNAL STANDARD  | VERIFIED | 22:06 |
| RADIO INTERFERENCE |          |       |

Operator Signature *William J. Crose*

Face This Side Down - This Edge In First

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204078  
12/05/14  
21:47

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

Operator Signature

