



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

**RECEIVED**  
 By Carol Day at 9:48 am, Oct 15, 2014  
 REPORT #0

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 204085	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Knox County Sheriff's Office, Edina, Missouri		TIME OF INSPECTION 5:37 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>10/03/2014 1737 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>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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>G6813</u> EXP. DATE <u>11/12/2014</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 0.036% AND 0.042% INCLUSIVE

TEST 1  .099	TEST 2  .099	TEST 3  .099
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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)	0	(.10-.14)	0	(.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Trooper K M Hoover #369</i>	PRINT FULL NAME Trooper K. M. Hoover
TYPE II PERMIT NUMBER/EXPIRATION DATE 240171 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.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204085  
10/03/14

ARREST TIME: 09:00  
SUBJECT NAME:  
HOOVER/K/M  
DOB: 08/14/96      SEX: F  
STATE/D.L.# MO/12845  
ARRESTING OFFICER:  
HOOVER/K/M  
OFFICER I.D.: 369  
TESTING OFFICER:  
HOOVER/K/M  
OFFICER I.D.: 369  
PERMIT NUMBER: 246171  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:50
INTERNAL STANDARD	VERIFIED	17:50
RADIO INTERFERENCE		

Operator Signature

TPR KM Hoover #369

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204085  
10/03/14

TESTING OFFICER:

HOOVER/K/A  
OFFICER I.D.: 359  
PERMIT NUMBER: 240171  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:44
INTERNAL STANDARD	VERIFIED	17:44
EXTERNAL STANDARD	.099	17:44
BLANK TEST	.000	17:45
EXTERNAL STANDARD	.099	17:45
BLANK TEST	.000	17:46
EXTERNAL STANDARD	.099	17:46
BLANK TEST	.000	17:47

N = 3  
S.D. = .1  
AVG. = .099

Operator Signature

*TPR KM Hoover #3169*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204085  
10/03/14  
17:37

--- 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:;<=>?@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcdefg hijklmnop  
qrstuvwxyz{|}~+\*

Operator Signature

*TPR KM Hoover #3169*



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

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**PERMIT**  
**TYPE II**  
**KELLY M HOOVER**

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 240171

EXPIRES 4/22/2016

590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 HOOVER, KELLY  
 Permit No 240171  
 Date Issued 4/22/2014 Date Expires 4/22/2016