



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

REPORT #6

RECEIVED 3/24/14-CD

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 15 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.

**REVIEWED**  
 By Carol Day at 1:38 pm, Apr 01, 2014

DATAMASTER, SN <u>204087</u>	NAME OF AGENCY <u>MSHP</u>	DATE OF INSPECTION <u>3-15-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>MO 19 SALEM, MO</u>		TIME OF INSPECTION <u>2046</u>

**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>3-15-14-2046</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</u> LOT # <u>13290</u> EXP. DATE <u>10-29-15</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.00</u> °C SIMULATOR SN <u>G11098</u> EXP. DATE <u>9-27-14</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)

<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 <u>.096%</u>	TEST 2 <u>.097%</u>	TEST 3 <u>.097%</u>
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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)	2 (.10-.14)	0 (.15-.19)	0 OVER .19
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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 MO DOHSS SPECIFICATIONS

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>K.D. Wilmont</u>	PRINT FULL NAME <u>K.D. WILMONT</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240013 1-21-16</u>	TELEPHONE NUMBER <u>(573) 368-2345</u>

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: 717-584-5470

### 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

2

**PERMIT**  
**TYPE II**  
**KYLE D WILMONT**

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**

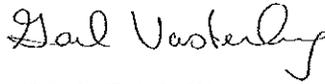
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/21/2014

NUMBER 240013

EXPIRES 1/21/2016

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 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 WILMONT, KYLE  
 Permit No 240013  
 Date Issued 1/21/2014 Date Expires 1/21/2016

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER CENTER (636) 295-4007  
03-15-14

TESTING OFFICER:  
MILMONT, J. J.  
OFFICER I.D.# 626  
PERMIT NUMBER 299905  
EXPIRED DATE 03-31-14  
NICELEPHONE UNIT

### APPROVED BY

DRINK TEST	100%	29949
EXPIRED STANDARD	100%	29949
EXTENDED STANDARD	100%	29949
BLANK TEST	100%	29950
EXTENDED STANDARD	100%	29950
BLANK TEST	100%	29951
EXTENDED STANDARD	100%	29951
BLANK TEST	100%	29952

Page 1  
SIR = 17  
PWA = 100%

Operator Signature

*K.D. Williams*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER CENTER (636) 295-4007  
03-15-14

CONDUCED	100%
PROBABLE CAUSE	100%
HEALTH	
SAMPLE COMMENTS	8.5
BLOW DETECTOR	100%
PUMP	
BLOW SPECIES	100%
DETECTOR	100%
FLUTE	100%
BLIND STANDARD	100%
LABORATORY	100%

### PHOTOS

PHOTO 1: [Description of photo 1]  
PHOTO 2: [Description of photo 2]  
PHOTO 3: [Description of photo 3]

Operator Signature

*K.D. Williams*

# BAC DataMaster Evidence Ticket

MISSOURI STATE DEPARTMENT OF REVENUE  
BAC IDENTIFICATION NUMBER: 24000000  
00115100

OFFICER: [REDACTED] 000000  
SUBJECT: [REDACTED]  
DOB: 00-00-00  
DOB: 00-00-00  
STATE: 00-00-00  
REGISTERED: 00-00-00  
OFFICER: 00-00-00  
TESTING OFFICER:  
SIGN:  
OFFICER: 00-00-00  
IDENTIFICATION NUMBER: 24000000  
EXPIRATION DATE: 00-00-00  
VEHICLE IDENTIFICATION  
TEST:

REMARKS: [REDACTED]

DATE TEST: 00-00-00 TIME: 00:00  
LABORATORY: 00-00-00 VEHICLE: 00-00-00  
REMARKS: [REDACTED]

Operator Signature

