



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

**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 11:31 am, Dec 31, 2014

REPORT #6

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 204087	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/20/2014
-------------------------	-------------------------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Route C east of Missouri 179, Cole County	TIME OF INSPECTION 11:12 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) 12/20/2014, 2312 hours
<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 _____ 50 °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 Guth Laboratories, Inc. LOT # 13280 EXP. DATE 10/16/2015
--------------------------------------------------------------------------------------------------------------------------

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN MP2321 EXP. DATE 07/30/2015
--------------------------------------------------------------------------------------------------------------------

<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 ← .097%	TEST 2 ← .098%	TEST 3 ← .098%
----------------	----------------	----------------

<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) 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).

Instrument operated within DHSS standards.

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME Corporal Ryan S. Thompson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230337 12/23/2015	TELEPHONE NUMBER (573) 751-1000

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

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204087  
12/20/14

TESTING OFFICER:

THOMPSON/RYAN/S

OFFICER I.D.: 672

PERMIT NUMBER: 230337

EXPIRATION DATE: 12/23/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:24
INTERNAL STANDARD	VERIFIED	23:24
EXTERNAL STANDARD	.097	23:25
BLANK TEST	.000	23:25
EXTERNAL STANDARD	.098	23:26
BLANK TEST	.000	23:26
EXTERNAL STANDARD	.098	23:27
BLANK TEST	.000	23:27

N = 3

SIM. = .1

AVG. = .0976

Operator Signature \_\_\_\_\_

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204087  
12/20/14  
23:12

--- 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

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~

Operator Signature \_\_\_\_\_

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

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204087  
12/20/14

ARREST TIME: 23:00  
SUBJECT NAME:  
0000  
DOB: 11/11/11 SEX: M  
STATE/D.L.: MO/1111  
ARRESTING OFFICER:  
0000  
OFFICER I.D.: 111  
TESTING OFFICER:  
THOMPSON/RYAN/S  
OFFICER I.D.: 672  
PERMIT NUMBER: 230337  
EXPIRATION DATE: 12/23/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature





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

2

**PERMIT  
 TYPE II**

**RYAN S THOMPSON**

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 12/23/2013  
 NUMBER 230337  
 EXPIRES 12/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-07/11 (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 THOMPSON, RYAN  
 Permit No 230337  
 Date Issued 12/23/2013 Date Expires 12/23/2015



**GUTH LABORATORIES, INC.**

590 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 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.*