



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

RECEIVED REPORT #6
 By Carol Day at 12:59 pm, Apr 02, 2014

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 204091 - Inv# 127213	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Wayne County Sheriff's Department, Greenville, Missouri, 63944		TIME OF INSPECTION 5:34 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>04/01/2014 - 17:34</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 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>34.0</u> °C	SIMULATOR SN <u>G6797</u> EXP. DATE <u>02/18/2015</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 0.038% AND 0.042% INCLUSIVE

TEST 1 .098%	TEST 2 .098%	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)	4	(.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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME John J. West
TYPE II PERMIT NUMBER/EXPIRATION DATE 240079 - 03/07/2016	TELEPHONE NUMBER (573) 840-9500

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 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

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



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency:	<u>Missouri State Highway Patrol</u>
Serial Number:	<u>G6797</u>
Manufacturer:	<u>Guth</u>
Model Number:	<u>34C</u>

CALIBRATION RESULTS

<u>Reference</u>	<u>Simulator</u>	<u>Bias</u>	<u>In Tolerance</u>
<u>Temperature</u>	<u>Temperature</u>		
33.99	34.0	-0.01 °C	YES

This calibration was performed with
NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 02/18/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications

	SIMULATOR SERIAL NO.: <u>G6797</u>
	EXPIRATION DATE: <u>02/18/2015</u>
	DATE OF CALIBRATION: <u>02/18/2014</u>
	NIST REF. THERM. SERIAL NO: <u>304447</u>
	BIAS: <u>-0.01 C</u>
	ANALYST INITIALS: <u>BML</u>

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204091
04/01/14

TESTING OFFICER:

WEST/JOHN/J

OFFICER I.D.: 1145

PERMIT NUMBER: 240079

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:39
INTERNAL STANDARD	VERIFIED	17:39
EXTERNAL STANDARD	.098	17:40
BLANK TEST	.000	17:40
EXTERNAL STANDARD	.098	17:41
BLANK TEST	.000	17:41
EXTERNAL STANDARD	.099	17:42
BLANK TEST	.000	17:42

N = 3

SIM. = .1

AVG. = .0983

Operator Signature _____

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204091
04/01/14
17:34

--- 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:;<=>?@ABCDEF6
HIJKLMNPOQRSTUVWXYZ[\]^_`abcde-fghijklmno
pqrstuvwxyz{|}~*

Operator Signature _____

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204091
04/01/14

ARREST TIME: 17:00

SUBJECT NAME:

TEST

DOB: 01/01/90 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

WEST/JOHN/J

OFFICER I.D.: 1145

TESTING OFFICER:

WEST/JOHN/J

OFFICER I.D.: 1145

PERMIT NUMBER: 240079

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

