



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

**RECEIVED**  
 By Carol Day at 3:35 pm, Jan 06, 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 204093/127215	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 1/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) New Madrid County Sheriff Dept, #2 Courthouse Square, New Madrid, MO		TIME OF INSPECTION 2101

**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) 1/4/14 2101
<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 LOT # 13280 EXP. DATE 10/16/15	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G11107 EXP. DATE 2/20/14	
<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 • .102	TEST 2 • .101	TEST 3 • .100
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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 1	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 4	OVER .19 2
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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 Marcel M. Jones
TYPE II PERMIT NUMBER/EXPIRATION DATE 220277 09/15/2014	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

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204093  
01/04/14

ARREST TIME: 00:00  
SUBJECT NAME:

JONES/M/M

DOB: 01/01/01 SEX: M

STATE/D.L.L.: MO/XXXXXXXX

ARRESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

TESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

PERMIT NUMBER: 220277

EXPIRATION DATE: 09/15/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	VERIFIED	21:11
INTERNAL STANDARD	.000	VERIFIED	21:12
SUBJECT SAMPLE	.000	VERIFIED	21:12
BLANK TEST	.000	VERIFIED	21:12

Operator Signature



**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204093  
01/04/14

ARREST TIME: 00:00  
SUBJECT NAME:

JONES/M/M

DOB: 01/01/01 SEX: M

STATE/D.L.L.: MO/XXXXXXXX

ARRESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

TESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

PERMIT NUMBER: 220277

EXPIRATION DATE: 09/15/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	VERIFIED	21:10
INTERNAL STANDARD	.000	VERIFIED	21:10
PROD INTERFERENCE	.000	VERIFIED	21:10

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC INSTRMASTER SERIAL NUMBER 204093  
01/04/14

TESTING OFFICER:  
JONES/M/N  
OFFICER I.D.#: 233  
PERMIT NUMBER: 220277  
EXPIRATION DATE: 09/15/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:04
INTERNAL STANDARD	VERIFIED	21:04
EXTERNAL STANDARD	.102	21:04
BLANK TEST	.000	21:05
EXTERNAL STANDARD	.101	21:05
BLANK TEST	.000	21:06
EXTERNAL STANDARD	.100	21:06
BLANK TEST	.000	21:07

N = 3  
STM. = .1  
AVG. = .101

Operator Signature

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC INSTRMASTER SERIAL NUMBER 204093  
01/04/14  
21:01

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2003): OKAY

HEATERS: 50C

SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP: OKAY

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 ( ) - >



**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°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



PERMIT  
TYPE II



MARCEL M JONES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/15/2012

Number 220277

Expires 09/15/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)