



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

RECEIVED 3/5/14-CD  
 REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 3 months). 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 3:22 pm, Apr 01, 2014

|  |   |                                 |
|--|---|---------------------------------|
| DATAMASTER S/N<br>204093/127215  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>2/28/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>New Madrid County Sheriff Dept, #2 Courthouse Square, New Madrid, MO |   | TIME OF INSPECTION<br>1920      |

**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) 2/28/14 1920          |
| <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 +49 °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         |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES, INC LOT # 13280 EXP. DATE 10/16/15

SIMULATOR TEMP (34°C ± 0.2°C) 34° °C SIMULATOR SN G11107 EXP. DATE 2/18/2015

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 = .098 | TEST 2 = .098 | TEST 3 = .098 |
|---------------|---------------|---------------|

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) 2 | (.10-.14) 0 | (.15-.19) 1 | OVER .19 1 |
|------------|-----------|-------------|-------------|-------------|------------|

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<br>  | PRINT FULL NAME<br>Marcel M. Jones |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220277 09/15/2014 | TELEPHONE NUMBER<br>(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

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204093  
02/28/14

ARREST TIME: 00:00  
SUBJECT NAME:  
JONES/M/M

DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/XXXXXX  
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 19:34  
INTERNAL STANDARD .000 VERIFIED 19:34  
RADIO INTERFERENCE

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204093  
02/28/14

ARREST TIME: 00:00  
SUBJECT NAME:  
JONES/M/M

DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/XXXXXX  
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 19:37  
INTERNAL STANDARD .000 VERIFIED 19:37  
SUBJECT SAMPLE .000 19:37  
BLANK TEST .000 19:38

Operator Signature



# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204093  
02/28/14  
19:26

### --- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature



# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204093  
02/28/14

### TESTING OFFICER:

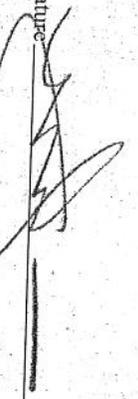
JONES/M/M  
OFFICER I.D.# 233  
PERMIT NUMBER: 220277  
EXPIRATION DATE: 09/15/14  
MISCELLANEOUS DATA:

### --- SUPERVISOR MODE ---

| TEST TYPE         | VERIFIED | TIME  |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 19:28 |
| INTERNAL STANDARD | .098     | 19:28 |
| EXTERNAL STANDARD | .098     | 19:29 |
| BLANK TEST        | .000     | 19:29 |
| INTERNAL STANDARD | .098     | 19:30 |
| EXTERNAL STANDARD | .098     | 19:30 |
| BLANK TEST        | .000     | 19:31 |
| INTERNAL STANDARD | .098     | 19:31 |
| EXTERNAL STANDARD | .000     | 19:32 |

N = 3  
SIM. = .1  
RMG. = .098

Operator Signature



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

Director of State Public Health Laboratory

Director, Department of Health



## 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.



**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>G11107</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> |             |                     |
| 33.96              | 34.0               | -0.04 °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

|   |                                    |                   |
|---|------------------------------------|-------------------|
|  | <b>SIMULATOR SERIAL NO.:</b>       | <u>G11107</u>     |
|   | <b>EXPIRATION DATE:</b>            | <u>02/18/2015</u> |
|   | <b>DATE OF CALIBRATION:</b>        | <u>02/18/2014</u> |
|   | <b>NIST REF. THERM. SERIAL NO:</b> | <u>304447</u>     |
|   | <b>BIAS:</b>                       | <u>-0.04 C</u>    |
|   | <b>ANALYST INITIALS:</b>           | <u>BML</u>        |