



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

**DATAMASTER MAINTENANCE REPORT**

RECEIVED

REPORT #6

By Carol Day at 11:57 am, Apr 07, 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 4/01/2014
LOCATION OF INSTRUMENT (STREET AND CITY) New Madrid County Sheriff Dept, #2 Courthouse Square, New Madrid, MO		TIME OF INSPECTION 1740

**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) 4/1/14 1740
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC LOT # 13280 EXP. DATE 10/16/2015

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)

- 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 • .100      TEST 2 • .100      TEST 3 • .100

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) 3    (.15-.19) 0    OVER .19 3

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 240097      3/11/2016	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.

690 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 AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM



**PERMIT  
 TYPE II**

**MARCEL M JONES**

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 3/11/2014

NUMBER 240097

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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.*



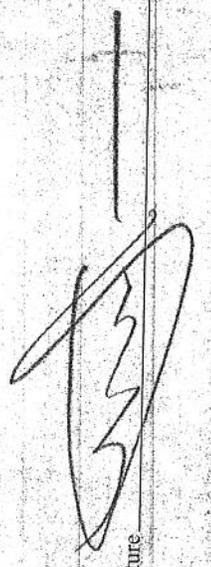
Operator JONES, MARCEL  
 Permit No 240097  
 Date Issued 3/11/2014 Date Expires 3/11/2016

**BAC DataMaster  
Evidence Ticket**

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

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: 240097  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---  
BLANK TEST .000 17:50  
INTERNAL STANDARD VERIFIED 17:50  
RADIO INTERFERENCE



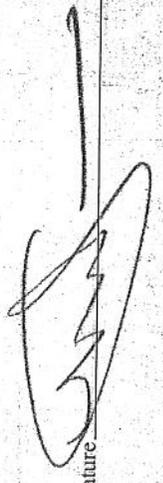
Operator Signature

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATA MASTER SERIAL NUMBER 204093  
04/01/14  
17:40

--- 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  
!#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcdefg|hijklmnop  
qrstuvwxyz{|}~



Operator Signature

**BAC DataMaster  
Evidence Ticket**

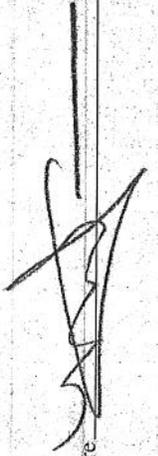
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204093  
04/01/14

TESTING OFFICER:  
JONES/M/M  
OFFICER I.D.: 233  
PERMIT NUMBER: 240097  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----  
BLANK TEST .000 17:43  
INTERNAL STANDARD VERIFIED 17:43  
EXTERNAL STANDARD .100 17:44  
BLANK TEST .000 17:44  
EXTERNAL STANDARD .100 17:45  
BLANK TEST .000 17:45  
EXTERNAL STANDARD .100 17:46  
BLANK TEST .000 17:46

N = 3  
SIM. = .1  
AVG. = .1

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



**BAC DataMaster  
Evidence Ticket**

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

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: 240097  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

---- BREATH ANALYSIS ----  
BLANK TEST .000 17:52  
INTERNAL STANDARD VERIFIED 17:52  
SUBJECT SAMPLE .000 17:52  
BLANK TEST .000 17:53

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





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: Missouri State Highway Patrol  
 Serial Number: G11107  
 Manufacturer: Guth  
 Model Number: 34C

**CALIBRATION RESULTS**

<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>	<u>Bias</u>	<u>In Tolerance</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>
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