



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

RECEIVED
 By Carol Day at 8:17 am, Nov 10, 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 204093/127215 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 11/07/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) New Madrid County Sheriff Dept, #2 Courthouse Square, New Madrid, MO | | TIME OF INSPECTION 1436 |

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) 11/7/2014 1436 |
| <input type="checkbox"/> COMPUTER | <input type="checkbox"/> DETECTOR |
| <input type="checkbox"/> PROGRAM | <input type="checkbox"/> FILTERS |
| <input type="checkbox"/> HEATERS SAMPLE CHAMBER +50 °C | <input type="checkbox"/> QUARTZ STANDARD |
| <input type="checkbox"/> FLOW DETECTOR | <input type="checkbox"/> CALIBRATION |
| <input type="checkbox"/> PUMP HIGH SPEED | <input type="checkbox"/> PRINTER |

| |
|--|
| <input type="checkbox"/> INDICATOR LIGHTS |
| <input type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GUTH LABORATORIES INC</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>2219</u> EXP. DATE <u>2/8/15</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 |
|---------------|---------------|---------------|

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).

| | |
|---|------------------------------------|
| 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

BAC DataMaster
Evidence Ticket

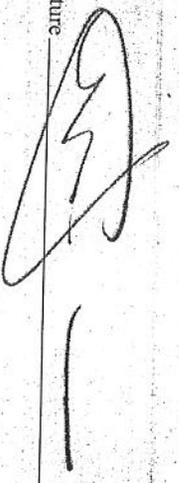
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093

11/07/14
14:36

--- 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:;<=>?@ABCDEFGHIJ
HIJKLMNOPQRSTUVWXYZ[\]^_`abcd efghijklmnop
qrstuvwxyz{|}~>

Operator Signature



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093

11/07/14

ARREST TIME: 00:00
SUBJECT NAME:
JONES/M/M
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/XXXXXXXXXX
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 | 14:48 |
| INTERNAL STANDARD | VERIFIED | 14:48 |
| SUBJECT SAMPLE | .000 | 14:48 |
| BLANK TEST | .000 | 14:49 |

Operator Signature



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
11/07/14

ARREST TIME: 00:00
SUBJECT NAME:

JONES/M/M
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/XXXXXXXXXX
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 14:46
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 14:46

Operator Signature



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
11/07/14

TESTING OFFICER:

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

--- SUPERVISOR MODE ---

BLANK TEST .000 14:39
INTERNAL STANDARD VERIFIED
EXTERNAL STANDARD .098 14:39
BLANK TEST .000 14:40
EXTERNAL STANDARD .098 14:40
BLANK TEST .000 14:41
EXTERNAL STANDARD .099 14:41
BLANK TEST .000 14:42

N = 3
STM = .1
AVG = .0983

Operator Signature





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.



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

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**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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