



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

RECEIVED
 By Carol Day at 8:55 am, Dec 12, 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 12/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) New Madrid County Sheriff Dept, #2 Courthouse Square, New Madrid, MO		TIME OF INSPECTION 1138

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) 12/10/14 1138
<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 <u>GSTH LABORATORIES INC</u> LOT # <u>13290</u> EXP. DATE <u>12/29/2015</u>
<input checked="" 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)

<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 • .097	TEST 2 • .097	TEST 3 • .098
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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 \emptyset	(0-.04) \emptyset	(.05-.09) \emptyset	(.10-.14) 1	(.15-.19) \emptyset	OVER .19 \emptyset
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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 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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
12/10/14
11:38

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

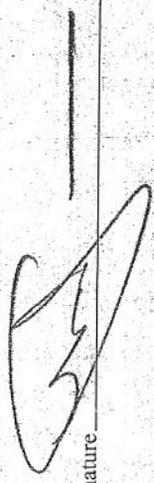
DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>@ABCDEF
GHIJKLMNPOQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~


Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
12/10/14

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

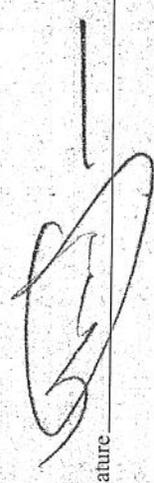
MISCELLANEOUS DATA:

---- BREATH ANALYSIS ----

BLANK TEST .000 11:47

INTERNAL STANDARD VERIFIED 11:47

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
12/10/14

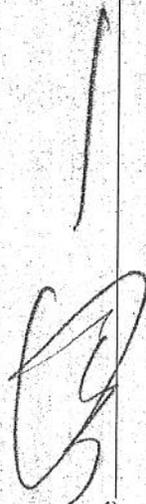
ARREST TIME: 00:00
SUBJECT NAME:
JONES/M/M
DOB: 01/01/01 SEX: M
STATE/D.L.: MD/XXXXXX
ARRESTING OFFICER:
JONES/M/M

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	11:49
INTERNAL STANDARD	VERIFIED	11:49
SUBJECT SAMPLE	.000	11:50
BLANK TEST	.000	11:50

Operator Signature _____



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204093
12/10/14

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

---- SUPERVISOR MODE ----

BLANK TEST	.000	11:40
INTERNAL STANDARD	VERIFIED	11:40
EXTERNAL STANDARD	.097	11:41
BLANK TEST	.000	11:41
EXTERNAL STANDARD	.097	11:42
BLANK TEST	.000	11:42
EXTERNAL STANDARD	.098	11:43
BLANK TEST	.000	11:43

N = 3
SIM. = .1
AVG. = .0973

Operator Signature _____





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 **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



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.
 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 against 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 Temperature</u>	<u>Simulator 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 DEISS specifications



SIMULATOR SERIAL NO.:	G11107
EXPIRATION DATE:	02/18/2015
DATE OF CALIBRATION:	02/18/2014
NIST REF. THERM. SERIAL NO.:	304447
BIAS:	-0.04 C
ANALYST INITIALS:	EML