



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

RECEIVED 3/6/14-CD

**REVIEWED**

By Carol Day at 2:22 pm, Apr 01, 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 204095	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/25/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Butler County Jail, Poplar Bluff, Missouri		TIME OF INSPECTION 3:44 pm

**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) 02-25-2014 3:44 pm
<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>Guth Laboratories Inc.</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C SIMULATOR SN <u>G8632</u> EXP. DATE <u>02/18/2015</u>	
<input 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 ➡ .097	TEST 2 ➡ .098	TEST 3 ➡ .099
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	OVER .19	0
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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).

This instrument operates within DHSS standards.

INSPECTING OFFICER	
SIGNATURE <i>Shayne K. Talburt</i>	PRINT FULL NAME Shayne K. Talburt
TYPE II PERMIT NUMBER/EXPIRATION DATE 220293/ 09-17-2014	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



# 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.*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



SHAYNE K TALBURT

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 09/17/2012

Number 220293

Expires 09/17/2014

Director of State Public Health Laboratory

Director, Department of Health



**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>G8632</u>
Manufacturer:	<u>Guth</u>
Model Number:	<u>34C</u>

**CALIBRATION RESULTS**

<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>	<u>Bias</u>	<u>In Tolerance</u>
33.99	34.0	-0.01 °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>G8632</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>-0.01 C</u>
	<b>ANALYST INITIALS:</b> <u>BML</u>

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204095  
02/25/14

TESTING OFFICER:  
TRLBURT/SHRYNE  
OFFICER I.D.: 1110  
PERMIT NUMBER: 220293  
EXPIRATION DATE: 09/17/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

TEST TYPE	VERIFIED	TIME
BLANK TEST	.000	16:02
INTERNAL STANDARD		16:02
EXTERNAL STANDARD	.097	16:03
BLANK TEST	.000	16:03
EXTERNAL STANDARD	.098	16:04
BLANK TEST	.000	16:04
EXTERNAL STANDARD	.099	16:05
BLANK TEST	.000	16:05

N = 3  
SIM. = .1  
RWG. = .096

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204095  
02/25/14  
15:44

--- 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

! " # % & ' ( ) \* + , - . / 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 { | } ~

Operator Signature

*AK Tolbur*

Operator Signature

*AK Tolbur*

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204095  
02/25/14

ARREST TIME: 00:00  
SUBJECT NAME:

TEST

DOB: 09/30/84 SEX: M

STATE/D.L.: MO/1234567

ARRESTING OFFICER:

TEST

OFFICER I.D.: 1110

TESTING OFFICER:

TALBURT/SHAYNE

OFFICER I.D.: 1110

PERMIT NUMBER: 220293

EXPIRATION DATE: 09/17/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:11
INTERNAL STANDARD	VERIFIED	16:11
RRDIO INTERFERENCE		

Operator Signature *A. K. Talle*