



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

RECEIVED
 By Carol Day at 10:02 am, Mar 31, 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 03/27/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Butler County Sheriff's Department, Poplar Bluff, Missouri		TIME OF INSPECTION 2:07 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) 03-27-2014 2:07 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>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>G8632</u> EXP. DATE <u>02/18/2015</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 .099	TEST 2 .099	TEST 3 .100
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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)	2	(.10-.14)	0	(.15-.19)	0	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 operated within DHSS standards.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Shayne K. Talburt
TYPE II PERMIT NUMBER/EXPIRATION DATE 240076 03/17/2016	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.

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°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

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**PERMIT
 TYPE II**

SHAYNE K TALBURT

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 3/7/2014

NUMBER 240076

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 TALBURT, SHAYNE
 Permit No 240076
 Date Issued 3/7/2014 Date Expires 3/7/2016



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. (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: G8632
Manufacturer: Guth
Model Number: 34C

CALIBRATION RESULTS

<u>Reference Temperature</u>	<u>Simulator 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

	SIMULATOR SERIAL NO.: <u>G8632</u>
	EXPIRATION DATE: <u>02/18/2015</u>
	DATE OF CALIBRATION: <u>02/18/2014</u>
	NIST REF. THERM. SERIAL NO: <u>304447</u>
	BIAS: <u>-0.01 C</u>
	ANALYST INITIALS: <u>BML</u>

BAC DataMaster
Evidence Ticket

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC INSTRUMENT SERIAL NUMBER 204095
03/27/14

MISSOURI STATE HIGHWAY PATROL
BAC INSTRUMENT SERIAL NUMBER 204095
03/27/14
14:07

TESTING OFFICER:
TALBURT/SHRYNE
OFFICER I.D.#: 1110
PERMIT NUMBER: 240076
EXPIRATION DATE: 03/17/16
MISCELLANEOUS DATA:

----- SUPERVISOR MODE -----

BLANK TEST *.000 14:31
INTERNAL STANDARD VERIFIED 14:31
EXTERNAL STANDARD -.099 14:32
BLANK TEST *.000 14:32
EXTERNAL STANDARD *.099 14:33
BLANK TEST *.000 14:33
EXTERNAL STANDARD *.100 14:34
BLANK TEST *.000 14:34

N = 3
SIM. = .1
RMG. = .0993

----- DIAGNOSTIC CHECK -----

COMPUTER: OKAY
PROGRAM (64-67-2009): OKAY

HEATERS
SAMPLE CHAMBER: 50C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CHLORINATION: OKAY

PRINTER TEST

! "##%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrs tuvwxyz{ } ~

Operator Signature *J. W. Talburt*

Operator Signature *J. W. Talburt*

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC INSTRUMETER SERIAL NUMBER 294095
03/27/14

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:

TRILBURY/SHYME

OFFICER I.D.: 1110

PERMIT NUMBER: 240076

EXPIRATION DATE: 03/17/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	*.000	14:38
INTERNAL STANDARD	VERIFIED	14:38
RADIO INTERFERENCE		

Operator Signature AKT