



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

received 5/5/14-cd

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.

REVIEWED
 By Carol Day at 2:25 pm, May 19, 2014

DATAMASTER SN 204096	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Marion County Sheriff's Dept., 1703 Marion City Road, Palmyra, MO		TIME OF INSPECTION 11:09 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) 04/30/2014 23:09
<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 49°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 # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN G6817 EXP. DATE 05/02/2014

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 <input checked="" type="checkbox"/> .100%	TEST 2 <input checked="" type="checkbox"/> .100%	TEST 3 <input checked="" type="checkbox"/> .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)	2	(.05-.09)	1	(.10-.14)	2	(.15-.19)	0	OVER .19	1
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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 James P. Johnson, Trooper
TYPE II PERMIT NUMBER/EXPIRATION DATE 240173 04/22/2016	TELEPHONE NUMBER (660) 385-2132

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: 717-664-6470

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 +/- 0.2°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**

JAMES P JOHNSON

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 4/22/2014

NUMBER 240173

EXPIRES 4/22/2016

580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 JOHNSON, JAMES
 Permit No 240173
 Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER: 204006
04/26/14

TESTING OFFICER:
JOHNSON, JAMES P
OFFICER I.D.: 487
PERMIT NUMBER: 240173
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- SUPERVISOR NOTE ---

BLANK TEST	.000	23:12
INTERNAL STANDARD	VERIFIED	23:12
EXTERNAL STANDARD	.100	23:12
BLANK TEST	.000	23:13
EXTERNAL STANDARD	.100	23:13
BLANK TEST	.000	23:14
EXTERNAL STANDARD	.100	23:14
BLANK TEST	.000	23:15

0 - 0
SIN. = 0
WV. = 0

Operator Signature



#487

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

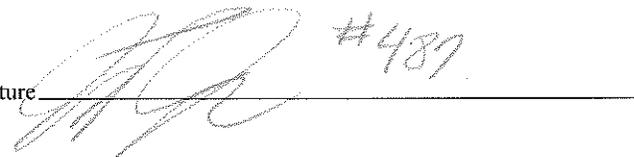
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER: 204006
04/26/14

ARREST TIME: 23:00
SUBJECT NAME:
REF: TEST
DOB: 11/11/11 SEX: M
STATE: MO. DIV: 001
REPORTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
JOHNSON, JAMES P
OFFICER I.D.: 487
PERMIT NUMBER: 240173
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:
RADIO FREQUENCY INTERFERENCE: 0

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:15
INTERNAL STANDARD	VERIFIED	23:15
RADIO INTERFERENCE		

Operator Signature



#487

