



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

746

RECEIVED
 By Carol Day at 10:59 am, Dec 08, 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 204096 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 11/26/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Marion County Sheriff's Dept., 1703 Marion City Road, Palmyra, MO | | TIME OF INSPECTION 9:01 am |

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) 11/26/2014 0901 |
| <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 48 °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 LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN G6817 EXP. DATE 04/24/2015

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 .096 | TEST 2 .097 | TEST 3 .097 |
|--------------|--------------|--------------|

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 | 1 | (0-.04) | 0 | (.05-.09) | 1 | (.10-.14) | 0 | (.15-.19) | 1 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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: 717-564-5470

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°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



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 264496
11-26-14

TESTING OFFICER:

JOHN J. JAMES

OFFICER ID: 401

PROBATION NUMBER: 24475

EXPIRATION DATE: 04-26-16

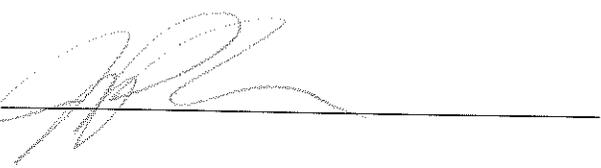
MISCELLANEOUS NOTES:

--- SUPERVISOR SIGN ---

| | | |
|-------------------|-----------|-------|
| BLIND TEST | ✓006 | 09105 |
| IDENTITY STANDARD | ✓VERIFIED | 09110 |
| EXPIRE STANDARD | ✓096 | 09115 |
| BLIND TEST | ✓008 | 09113 |
| EXPIRE STANDARD | ✓097 | 09117 |
| BLIND TEST | ✓006 | 09117 |
| EXPIRE STANDARD | ✓097 | 09117 |
| BLIND TEST | ✓006 | 09110 |

BLIND
SYG: 10004

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 264096
11-26-14

TESTING OFFICER:

JOHN J. JAMES

OFFICER ID: 401

PROBATION NUMBER: 24475

EXPIRATION DATE: 04-26-16

MISCELLANEOUS NOTES:

NA

TESTING OFFICER:

JOHN J. JAMES

OFFICER ID: 401

PROBATION NUMBER: 24475

EXPIRATION DATE: 04-26-16

MISCELLANEOUS NOTES:

BLIND PREVIOUSLY (SYSTEM PREVIOUS TEST)

--- OPERATOR SIGNATURE ---

| | | |
|-------------------|-----------|-------|
| BLIND TEST | ✓006 | 09110 |
| IDENTITY STANDARD | ✓VERIFIED | 09110 |
| EXPIRE STANDARD | ✓096 | 09115 |

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE LABORATORY
AND DATA CENTER
3000 S. HIGHWAY 20
JEFFERSON CITY, MO 64108

LABORATORY CASE NO.

COMPUTER: _____ UNIT

PROGRAM: (See MS-4000) _____ UNIT

PERIOD: _____ UNIT

NAME: (Last, First, MI) _____ UNIT

FLOW: (In/Out) _____ UNIT

TYPE: _____ UNIT

SYSTEM: (PC/Server) _____ UNIT

OPERATIONS: _____ UNIT

FACTORS: _____ UNIT

OWNER: (FEDERAL/STATE) _____ UNIT

FILE: (Name/Date) _____ UNIT

PREPARED BY:

Missouri State Laboratory, 3000 S. Highway 20, Jefferson City, MO 64108
Attest: _____
Missouri State Laboratory Director

Operator Signature _____

