



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

RECEIVED

By Brian Lutmer at 12:16 pm, Jan 08, 2015

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.

DATA MASTER SN 204096	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Marion County Sheriff's Dept., 1703 Marion City Road, Palmyra, MO		TIME OF INSPECTION 8:58 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) 12/29/2014 08:58
<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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories	LOT # 13280 EXP. DATE 10/16/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN G6817 EXP. DATE 04/24/2015
<input checked="" 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 .100	TEST 2 .100	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)	1	(.05-.09)	1	(.10-.14)	2	(.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).

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

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 291896
12-29-79

TESTING OFFICER:
JAMES J. JONES, JR.
OFFICE: I.L.P. 457
PERMIT NUMBER: 240173
EXPLANATION OF USE: 60-222-16
MISCELLANEOUS NOTES:

SUPERVISOR MODEL

BLANK TEST	LOW	99:00
INTERNAL STANDARD	VERIFIED	99:00
EXTERNAL STANDARD	LOW	99:00
BLANK TEST	LOW	99:00
EXTERNAL STANDARD	LOW	99:00
BLANK TEST	LOW	99:00
EXTERNAL STANDARD	LOW	99:00
BLANK TEST	LOW	99:00

H - 0
M - 0
V - 0

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 291896
12-29-79
06158

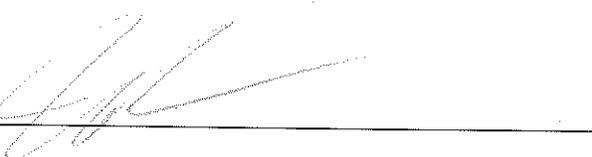
WINCHESTER MODEL

COMPLETED	OKAY
PROBABLE USE OF CONTROL	OKAY
REMARKS	
SAMPLE COMMENTS	OKAY
FLOW DETECTOR	OKAY
PUMP	
HIGH SPEED	OKAY
DETECTOR	OKAY
FILTERS	OKAY
SMOKE STANDARD	OKAY
CHLORAMINE	OKAY

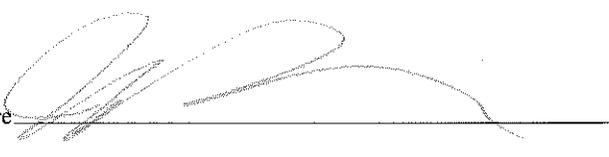
PRINTED TEXT

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 291896
12-29-79
06158

Operator Signature



Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

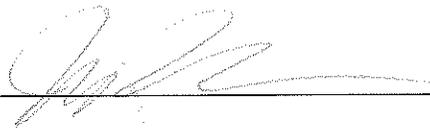
MISSOURI STATE HIGHWAY PATROL
BAC DATA MASTER SERIAL NUMBER 294096
10-29-11

DRIVER: [REDACTED]
SUBJECT: [REDACTED]
OFFENSE: [REDACTED]
DATE: 11-11-11 NCG: B
STATE: MO DIV: 104
OFFICER: [REDACTED]
TESTING OFFICER: [REDACTED]
LABORATORY: [REDACTED]
OFFICER: [REDACTED]
PARTY NUMBER: 200173
EXPIRATION DATE: 09/30/16
MISCELLANEOUS DATA:
ALCOHOL FREQUENCY INTERFERENCE TEST

--- BREATH ANALYSIS ---

BRIM TEST	1.000	09:02
10/1000 STANDARD	VERIFIED	09:07
ALCOHOL INTERFERENCE		

Operator Signature _____





GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-584-5470

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 FNI22211-02 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