



DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:01 am, Nov 10, 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 204111 NAME OF AGENCY MSHP DATE OF INSPECTION 11-9-2014 LOCATION OF INSTRUMENT (STREET AND CITY) 800 Ward Ave., Caruthersville, Missouri TIME OF INSPECTION 1541 HOURS

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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 11-9-14 1541 HOURS COMPUTER DETECTOR PROGRAM FILTERS HEATERS SAMPLE CHAMBER 49 °C QUARTZ STANDARD FLOW DETECTOR CALIBRATION PUMP HIGH SPEED PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC LOT # 13290 EXP. DATE 10-29-2015

SIMULATOR TEMP (34°C ± 0.2°C) 33.99 °C SIMULATOR SN MP2218 EXP. DATE 7-9-15

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 .100 TEST 3 .100

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) 0 (.15-.19) 2 OVER .19 0

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 [Signature] PRINT FULL NAME Jason N. Crites TELEPHONE NUMBER (573) 840-9500 TYPE II PERMIT NUMBER/EXPIRATION DATE 240087 03/11/2016

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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 AND SENIOR SERVICES  
 BREATH, ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**JASON N CRITES**

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 3/11/2014

NUMBER 240087

EXPIRES 3/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204111  
11/09/14

TESTING OFFICER:  
CRITES/JASON/N  
OFFICER I.D.: 377  
PERMIT NUMBER: 240087  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:49
INTERNAL STANDARD	VERIFIED	15:49
EXTERNAL STANDARD	.099	15:50
BLANK TEST	.000	15:50
EXTERNAL STANDARD	.100	15:51
BLANK TEST	.000	15:52
EXTERNAL STANDARD	.100	15:52
BLANK TEST	.000	15:53

N = 3  
SIM. = .1  
AVG. = .0996

Operator Signature

*scj* *JN* *CF* 377

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204111  
11/09/14

ARREST TIME: 15:00

SUBJECT NAME:

TEST

DOB: 02/03/87      SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

TEST

OFFICER I.D.: 377

TESTING OFFICER:

CRITES/JASON/N

OFFICER I.D.: 377

PERMIT NUMBER: 240087

EXPIRATION DATE: 03/11/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

SGT  377

2208-02