



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

**RECEIVED**  
 By Carol Day at 8:28 am, Aug 07, 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<br><b>204114</b>  | NAME OF AGENCY<br><b>GHQ Radio Shop</b> | DATE OF INSPECTION<br><b>08/05/2014</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>2920 North Shamrock Road, Jefferson City</b> |   | TIME OF INSPECTION<br><b>14:44</b>      |

**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) <b>08/05/2014 @ 14:44</b> |
| <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 <b>+50°C</b>                  | <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 <b>Guth Laboratories</b> | LOT # <b>13060</b> EXP. DATE <b>02/04/2015</b>          |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>+34.00°C</b>        | SIMULATOR SN <b>MP2122</b> EXP. DATE <b>06/03/2015</b>  |

**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 <b>.041</b> | TEST 2 <b>.041</b> | TEST 3 <b>.041</b> |
|--------------------|--------------------|--------------------|

**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) | 0 | 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<br><i>Dewayne D. Carver</i>                             | PRINT FULL NAME<br><b>Dewayne D. Carver</b> |
| TYPE II PERMIT NUMBER EXPIRATION DATE<br><b>230101 05/28/2015</b> | TELEPHONE NUMBER<br><b>(573) 751-4722</b>   |

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 13060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 7, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0482% (w/vol) ethyl alcohol. The expiration date for this lot number is February 4, 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 0.040 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 FN120110-04 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.*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204114  
08/05/14  
14:44

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: SOC  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } +

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204114  
08/05/14

TESTING OFFICER:  
CARVER/DEWAYNE/D  
OFFICER I.D.: C41  
PERMIT NUMBER: 230101  
EXPIRATION DATE: 05/28/15  
MISCELLANEOUS DATA:  
.040 VAPOR ACCURACY CHECK  
GUTH LABS LOT 13060 EXP 2/4/2015

--- SUPERVISOR MODE ---

BLANK TEST .000 14:47  
INTERNAL STANDARD VERIFIED 14:47  
EXTERNAL STANDARD .041 14:48  
BLANK TEST .000 14:48  
EXTERNAL STANDARD .041 14:49  
BLANK TEST .000 14:49  
EXTERNAL STANDARD .041 14:50  
BLANK TEST .000 14:50

N = 3  
SIM. = .1  
AVG. = .041

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204114  
08/05/14

ARREST TIME: 00:00  
SUBJECT NAME:  
X  
DOB: 01/01/01 SEX: M  
STATE/D.L.: XX/X  
ARRESTING OFFICER:  
X  
OFFICER I.D.: X  
TESTING OFFICER:  
CARVER/DEWAYNE/D  
OFFICER I.D.: C41  
PERMIT NUMBER: 230101  
EXPIRATION DATE: 05/28/15  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 14:52  
INTERNAL STANDARD VERIFIED 14:52  
SUBJECT SAMPLE .000 14:52  
RADIO INTERFERENCE



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT  
TYPE II**

**DEWAYNE D CARVER**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV W/PRINTER, 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 05/28/2013  
NUMBER 230101  
EXPIRES 05/28/2015

*W. S. ...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Darl Veeberly*  
Acting Director

MO 560-0771 (6-10)  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (RE-10)