



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

DATAMASTER MAINTENANCE REPORT

RECEIVED 4/13/14-CD REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 3:55 pm, Apr 23, 2014

| | | |
|--|---|----------------------------------|
| DATAMASTER SN 204119 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 04/04/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Shannon County Sheriff's Department Eminence, MO | | TIME OF INSPECTION 1:53 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) 04/04/2014 13:53 |
| <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 |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. | LOT # 13280 EXP. DATE 10/16/2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) | °C SIMULATOR SN G11115 EXP. DATE 01/09/2015 |

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 0.100 | TEST 2 0.101 | TEST 3 0.101 |
|--------------|--------------|--------------|

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 | PRINT FULL NAME Daniel W. Hinten |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220312 09/28/2014 | TELEPHONE NUMBER (417) 469-3121 |

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

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204119
04/04/14

ARREST TIME: 11:11

SUBJECT NAME:
SELF

DOB: 11/11/11

STATE/D.L.: MO/

ARRESTING OFFICER:

HINTEN/D/W

OFFICER I.D.: 778

TESTING OFFICER:

SRME

OFFICER I.D.:

PERMIT NUMBER: 220312

EXPIRATION DATE: 09/28/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 14:01 |
| INTERNAL STANDARD | VERIFIED | 14:01 |
| RADIO INTERFERENCE | | |

Operator Signature

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204119
04/04/14
13:53

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HERTERS
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~*

Operator Signature

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204119
04/04/14

TESTING OFFICER:

HINTEN/D/W

OFFICER I.D.: 778

PERMIT NUMBER: 220312

EXPIRATION DATE: 09/28/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 13:55 |
| INTERNAL STANDARD | VERIFIED | 13:55 |
| EXTERNAL STANDARD | .100 | 13:55 |
| BLANK TEST | .000 | 13:56 |
| EXTERNAL STANDARD | .101 | 13:57 |
| BLANK TEST | .000 | 13:57 |
| EXTERNAL STANDARD | .101 | 13:58 |
| BLANK TEST | .000 | 13:58 |

N = 3

SIG. = .1

AVG. = .1006

Operator Signature



GUTH LABORATORIES, INC.

880 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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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



P E R M I T
TYPE II



DANIEL W HINTEN

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/28/2012

Number 220312

Expires 09/28/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)