



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

REPORT #6

RECEIVED  
 By Carol Day at 2:17 pm, Nov 13, 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 <u>204125</u>	NAME OF AGENCY <u>MSHP</u>	DATE OF INSPECTION <u>Nov. 11, 2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>Andrain County Jail 1100 Littleby Rd Mexico, Mo</u>		TIME OF INSPECTION <u>19:14</u>

**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) <u>11/11/14 19:14</u>
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>50</u> °C	<input type="checkbox"/> QUARTZ STANDARD
<input 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 LABS LOT # 13280 EXP. DATE OCT. 16, 2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN MP2149 EXP. DATE 6-17-2015

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 <u>.100</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</u>
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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)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	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).

INST MEETS ALL MSHP / DHSS SPEC.

**INSPECTING OFFICER**

SIGNATURE <u>Douglas B. M. Pike</u>	PRINT-FULL NAME <u>Douglas B. M. Pike</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230212 11/9/2015</u>	TELEPHONE NUMBER <u>573.751.1000</u>

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 **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.*

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204125  
11/11/14

ARREST TIME: 19:00  
SUBJECT NAME:  
MCPRIKE

JOB: 11/11/11 SEX: M  
STATE/D.L.: MO/12345

ARRESTING OFFICER:  
SPME  
OFFICER I.D.: 651  
TESTING OFFICER:  
SPME

OFFICER I.D.: 651  
PERMIT NUMBER: 230212  
EXPIRATION DATE: 10/09/15  
MISCELLANEOUS DATA:  
RF1

---- BREATH ANALYSIS ----

BLANK TEST .000 19:25  
INTERNAL STANDARD VERIFIED 19:25  
RADIO INTERFERENCE

Signature 

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204125  
11/11/14

TESTING OFFICER:  
MCPRIKE/D/B

OFFICER I.D.: 651  
PERMIT NUMBER: 230212  
EXPIRATION DATE: 10/09/15

MISCELLANEOUS DATA:  
.10 SOLUTION

---- SUPERVISOR MODE ----

BLANK TEST .000 19:19  
INTERNAL STANDARD VERIFIED 19:19  
EXTERNAL STANDARD .100 19:19  
BLANK TEST .000 19:20  
EXTERNAL STANDARD .101 19:20  
BLANK TEST .000 19:21  
EXTERNAL STANDARD .101 19:21  
BLANK TEST .000 19:22

N = 3  
SIM. = .1  
AWG. = .1006

Signature 

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204  
11/11/14  
19:14

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Signature 



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

2

**PERMIT**  
**TYPE II**  
**DOUGLAS B MCPIKE**

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**

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 10/9/2013

NUMBER 230212

EXPIRES 10/9/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 MCPIKE, DOUGLAS  
 Permit No 230212  
 Date Issued 10/9/2013 Date Expires 10/9/2015



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

REPORT #1

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.

INTOX DMT SN 500124	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Audrain Co SO, 1100 Littleby Rd., Mexico		TIME OF INSPECTION 19:02:35

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>11/11/2014 19:02:37</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR STANDARD  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG418902 EXP. DATE 07/08/2016

SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

**CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**  
 Run three tests using a standard. 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 being used.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.099	TEST 2: 0.098	TEST 3: 0.098
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**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 1	.10-.14: 1	.15-.19: 0	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)

Instrument meets all MSHP/DOHSS specs.

**INSPECTING OFFICER**

SIGNATURE <i>Douglas B McPike</i>	PRINT FULL NAME DOUGLAS B MCPIKE
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TYPE II PERMIT NUMBER 240209	EXPIRATION DATE 04/30/2016	TELEPHONE NUMBER 573-751-1000
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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



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



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**TYPE II**  
**DOUGLAS B MCPIKE**

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**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 4/30/2014

NUMBER 240209

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

**INSTRUMENT OPERATOR CARD**

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Operator MCPIKE, DOUGLAS  
Permit No 240209  
Date Issued 4/30/2014 Date Expires 4/30/2016