



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

RECEIVED 3/5/14-CD
REVIEWED
 By Carol Day at 12:51 pm, Apr 02, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) and 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 204129	NAME OF AGENCY Missouri State Highway Patrol - Troop C	DATE OF INSPECTION 02/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Troop C Headquarters - 891 Technology Dr, Weldon Springs, MO 63304		TIME OF INSPECTION 4:08 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) 02/28/2014 1608
<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 # 13290 EXP. DATE 10/29/2015

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.2 °C	SIMULATOR SN G11079	EXP. DATE 10/16/2014
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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 .099	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) 0	(.05-.09) 0	(.10-.14) 2	(.15-.19) 0	OVER .19 1
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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 T.B.W. #855	PRINT FULL NAME Trooper B. W. Long #855
TYPE II PERMIT NUMBER/EXPIRATION DATE 230035 02/27/2015	TELEPHONE NUMBER (636) 300-2800

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.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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°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 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.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204129
02/28/14

TESTING OFFICER:
LOMS/BW
OFFICER I.D.: 855
PERMIT NUMBER: 230035
EXPIRATION DATE: 02/27/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:13
INTERNAL STANDARD	VERIFIED	16:13
EXTERNAL STANDARD	.099	16:13
BLANK TEST	.000	16:14
EXTERNAL STANDARD	.099	16:14
BLANK TEST	.000	16:15
EXTERNAL STANDARD	.099	16:15
BLANK TEST	.000	16:16

N = 3
SIM. = .1
RWG. = .099

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204129
02/28/14
16:08

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49C
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST
!#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxy z{|}~

Operator Signature FRW. 88

Operator Signature FRW. 88

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204129
02/28/14

ARREST TIME: 15:55
SUBJECT NAME:

NR
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/NA
ARRESTING OFFICER:

NR
OFFICER I.D.:
TESTING OFFICER:

LONG/B/W
OFFICER I.D.: 855
PERMIT NUMBER: 230035
EXPIRATION DATE: 02/27/15

MISCELLANEOUS DATA:
RADIO INTERFERENCE TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 16:21
INTERNAL STANDARD VERIFIED 16:21
RADIO INTERFERENCE

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204129
02/28/14

ARREST TIME: 15:55
SUBJECT NAME:

NR
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/NA
ARRESTING OFFICER:

NR
OFFICER I.D.: NR
TESTING OFFICER:

LONG/B/W
OFFICER I.D.: 855
PERMIT NUMBER: 230035
EXPIRATION DATE: 02/27/15

MISCELLANEOUS DATA:
SELF TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 16:27
INTERNAL STANDARD VERIFIED 16:28
SUBJECT SAMPLE .000 16:28
BLANK TEST .000 16:29

Operator Signature

T.B.W. 88

Operator Signature

T.B.W. 88



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



PERMIT
TYPE II

BRYAN W LONG

~~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 02/27/2013

NUMBER 230035

EXPIRES 02/27/2015

MO 580-0771 (6-10)

W. Long

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shelley

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (Re-10)