



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

received 5/21/14-cd

**REVIEWED** REPORT #6  
 By Carol Day at 10:06 am, Jul 14, 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 204135	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 05/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) PIKE COUNTY SHERIFF'S DEPARTMENT, BOWLING GREEN, MO 6334		TIME OF INSPECTION 7:32 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) 05/11/2014 1932
<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 LOT # 13290 EXP. DATE 10/29/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN G6831 EXP. DATE 04/23/2015

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 → .098	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)	1	(.05-.09)	1	(.10-.14)	3	(.15-.19)	0	OVER .19	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

<b>INSPECTING OFFICER</b>	
SIGNATURE TPR P. C. Long	PRINT FULL NAME TPR. P. C. LONG
TYPE II PERMIT NUMBER/EXPIRATION DATE 220151 06/26/2014	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.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### 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°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.*

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204135  
06/11/14

TESTING OFFICER:  
LONG/P/C  
OFFICER I.D.: 875  
PERMIT NUMBER: 220151  
EXPIRATION DATE: 06/26/14  
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	.000	19:36
INTERNAL STANDARD	VERIFIED	19:36
EXTERNAL STANDARD	.098	19:36
BLANK TEST	.000	19:37
EXTERNAL STANDARD	.100	19:38
BLANK TEST	.000	19:38
EXTERNAL STANDARD	.100	19:39
BLANK TEST	.000	19:39

N = 3  
SIM = .1  
RMG = .0993

DUB: 12/20/00  
STATE/D.L.: MO/XXXXXXXXXX  
ARRESTING OFFICER:  
LONG/P/C  
OFFICER I.D.: 875  
TESTING OFFICER:  
LONG/P/C  
OFFICER I.D.: 875  
PERMIT NUMBER: 220151  
EXPIRATION DATE: 06/26/14  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:41
INTERNAL STANDARD	VERIFIED	19:41
RADIO INTERFERENCE		

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:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fgh i jk l m n o  
pqr stuvwxyz ( ) \* ' "

Operator Signature

Operator Signature

Operator Signature

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



PAUL C LONG

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 06/26/2012

Number 220151

Expires 06/26/2014

Director of State Public Health Laboratory

Director, Department of Health