



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

RECEIVED
 By Carol Day at 10:29 am, Jun 18, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 36 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 204130 127251 | NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL | DATE OF INSPECTION 06/05/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) ARNOLD P.D., 2101 JEFFCO BLVD., ARNOLD, MISSOURI 63010 | | TIME OF INSPECTION 2:20 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) 06/05/2014 1422 hrs |
| <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 _____ 50 °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) 34.00 °C SIMULATOR SN 1024 EXP. DATE 10/21/2014 |

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 → .100 | TEST 3 → .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) | 2 | (.10-.14) | 5 | (.15-.19) | 4 | 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).

THIS UNIT MEETS ALL MO DHSS SPECIFICATIONS.

GUTH LABORATORIES- LOT:13290 - BOTTLE: 610- EXPIRATION DATE:10/29/2015

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE M. T. ANGRISANI | PRINT FULL NAME M. T. ANGRISANI |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220156 06/26/2014 | TELEPHONE NUMBER (836) 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.

880 NORTH 87th STREET • HARRISBURG, PA 17111-4611 • 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.

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204136
06/05/14

ARREST TIME: 13:30
SUBJECT NAME:
ANGRISANI/MATTHEW/T
DOB: 02/10/84 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
ANGRISANI/MATTHEW/T
OFFICER I.D.: 1350
TESTING OFFICER:
ANGRISANI/MATTHEW/T
OFFICER I.D.: 1350
PERMIT NUMBER: 220156
EXPIRATION DATE: 06/26/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 14:44
INTERNAL STANDARD VERIFIED 14:44
RADIO INTERFERENCE

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204136
06/05/14
14:20

--- 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:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~*

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204136
06/05/14

TESTING OFFICER:
ANGRISANI/MATTHEW/T
OFFICER I.D.: 1350
PERMIT NUMBER: 220156
EXPIRATION DATE: 06/26/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 14:27
INTERNAL STANDARD VERIFIED 14:27
EXTERNAL STANDARD .099 14:27
BLANK TEST .000 14:28
EXTERNAL STANDARD .100 14:29
BLANK TEST .000 14:29
EXTERNAL STANDARD .101 14:30
BLANK TEST .000 14:31

N = 3
STDEV. = .1
AVG. = .1

[Signature]
1350

Operator Signature

State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II



MATTHEW T ANGRISANI

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: 220156
Expires: 06/26/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 530-6771 (7-95)

Lab. 490-600