



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

RECEIVED
 By Carol Day at 3:18 pm, Jul 21, 2014

REPORT #6

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 204137	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 07/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 301 NORTH 2ND STREET, ST. CHARLES (ST. CHARLES COUNTY DOC)		TIME OF INSPECTION 8:15 am

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>07-06-14 09:05</u>
<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 <u>49</u> °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 type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C SIMULATOR SN <u>G11079</u> EXP. DATE <u>10/16/2014</u>

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 .102%	TEST 2 .102%	TEST 3 .102%
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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)	1	(.05-.09)	5	(.10-.14)	3	(.15-.19)	2	OVER .19	3
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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 	PRINT FULL NAME Corporal Barton M. Seymore, #641
TYPE II PERMIT NUMBER/EXPIRATION DATE 240074 03/07/2016	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: 717-564-5470

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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
BARTON M SEYMORE

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

DATAMASTER, 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 3/7/2014

NUMBER 240074

EXPIRES 3/7/2016

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (6/6-1)

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 SEYMORE, BARTON
 Permit No 240074
 Date Issued 3/7/2014 Date Expires 3/7/2016

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204137

87/06/14
09:05

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:;<=>?@ABCDEF
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsstuvwxyz{|}~

Operator Signature Mr. B. Sawyer, #611

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204137
87/06/14

TESTING OFFICER:

SEYMORE/B/M

OFFICER I.D.# 641 ~~2007~~

PERMIT NUMBER: 240074

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

--- SUPERVISOR CODE ---

BLANK TEST	.000	09:17
INTERNAL STANDARD	VERIFIED	09:17
EXTERNAL STANDARD	.102	09:17
BLANK TEST	.000	09:18
EXTERNAL STANDARD	.102	09:18
BLANK TEST	.000	09:19
EXTERNAL STANDARD	.102	09:19
BLANK TEST	.000	09:20

N = 3

STDEV = .1

AVG = .102

Operator Signature Mr. B. Sawyer, #611

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284137
07/06/14

ARREST TIME: 09:45
SUBJECT NAME:
RFL/TEST
DOB: 01/23/45 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
SEYMORE/B/M
OFFICER I.D.: 641
TESTING OFFICER:
SEYMORE/B/M
OFFICER I.D.: 641 ^{But}
PERMIT NUMBER: 240074
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:

RADIO INTERFERENCE TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 09:27
INTERNAL STANDARD VERIFIED 09:27
RADIO INTERFERENCE

Operator Signature

CLL. B. Seymour, #641

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284137
07/06/14

ARREST TIME: 09:00
SUBJECT NAME:
BREATH/TEST
DOB: 07/04/67 SEX: M
STATE/D.L.: MO/0987654321
ARRESTING OFFICER:
SEYMORE/B/M
OFFICER I.D.: 641
TESTING OFFICER:
SEYMORE/B/M
OFFICER I.D.: 641 ^{But}
PERMIT NUMBER: 240074
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:

BREATH TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 09:32
INTERNAL STANDARD VERIFIED 09:32
SUBJECT SAMPLE .000 09:34
BLANK TEST .000 09:34

Operator Signature

CLL. B. Seymour, #641