



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

**RECEIVED**  
 By Carol Day at 9:11 am, Oct 07, 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 204137	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 10/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 301 NORTH 2ND STREET, ST. CHARLES (ST. CHARLES COUNTY DOC)		TIME OF INSPECTION 2:50 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>10-07-14 03:30</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 checked="" 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>34.0</u> °C SIMULATOR SN <u>MP2319</u> EXP. DATE <u>07/31/2015</u>
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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  .102%	TEST 2  .101%	TEST 3  .103%
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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)	1	(.10-.14)	2	(.15-.19)	2	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 #641	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.**

890 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°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.*



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 repairs, 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 560-D771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-19)



**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  
10/07/14  
03:30

--- 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

! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

Operator Signature

*Col. B. Simpson*, #641

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204137  
10/07/14

TESTING OFFICER:

SEYMORE/R/M  
OFFICER I.D.# 641  
PERMIT NUMBER: 240074  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 03:34  
INTERNAL STANDARD VERIFIED 03:34  
EXTERNAL STANDARD .102 03:35  
BLANK TEST .000 03:35  
EXTERNAL STANDARD .101 03:36  
BLANK TEST .000 03:36  
EXTERNAL STANDARD .103 03:37  
BLANK TEST .000 03:37

N = 3

SIM. = .1

AVG. = .102

Operator Signature

*Col. B. Simpson*, #641

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204137  
10/07/14

ARREST TIME: 03:00  
SUBJECT NAME:  
RFI/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  
PERMIT NUMBER: 240074  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:  
RADIO INTERFERENCE TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 03:46  
INTERNAL STANDARD VERIFIED 03:46  
RADIO INTERFERENCE

Operator Signature

*Cpl. B. Seymour*, #641

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204137  
10/07/14

ARREST TIME: 03:30  
SUBJECT NAME:  
BREATH/TEST  
DOB: 12/03/56 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  
PERMIT NUMBER: 240074  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:  
BREATH TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 03:57  
INTERNAL STANDARD VERIFIED 03:57  
SUBJECT SAMPLE .000 03:58  
BLANK TEST .000 03:59

Operator Signature

*Cpl. B. Seymour*, #641