



STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**  
By Carol Day at 10:15 am, Sep 26, 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 204141	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 09-25-14
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W. MAIN, WARRENTON, MO 63383		TIME OF INSPECTION 0855

**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) 09-25-14 0858
<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 10-29-15
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN G6825 EXP. DATE 01/21/2015

**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 1 008	TEST 2 009	TEST 3 009
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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-.04) 0	(.05-.09)	(.10-.14)	(.15-.19) 2	OVER .19 0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Jeffrey Scott Graue</i>	PRINT FULL NAME CPL. JEFFREY SCOTT GRAUE
TYPE II PERMIT NUMBER/EXPIRATION DATE 240052 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.**

660 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 FNI22211-02 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**

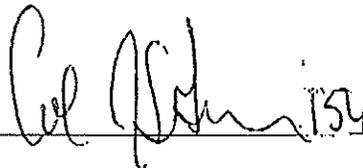
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204141  
05/25/14

ARREST TIME: 05:30  
SUBJECT NAME:  
X  
DOB: 01/01/41 SEX: M  
STATE/D.L. : MO/123456  
ARRESTING OFFICER:  
X  
OFFICER I.D. : X  
TESTING OFFICER:  
00000/123  
OFFICER I.D. : 154  
PERMIT NUMBER: 240052  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	,000	09:00
INTERNAL STANDARD	VERIFIED	09:00
RADIO INTERFERENCE		

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204141  
05/20/14

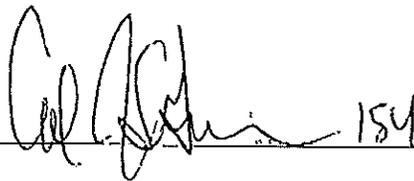
LISTING OFFICER:  
SERIAL: 154  
OFFICER ID: 154  
PERMIT NUMBER: 204001  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:02
INTERNAL STANDARD	VERIFIED	09:02
EXTERNAL STANDARD	.095	09:02
BLANK TEST	.000	09:03
EXTERNAL STANDARD	.095	09:02
BLANK TEST	.000	09:04
EXTERNAL STANDARD	.095	09:04
BLANK TEST	.000	09:00

N = 3  
S.D. = .1  
AVE. = .0985

Operator Signature



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Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MODEL: 1100  
SERIAL: 1100  
DATE: 05-20-14

--- DIVERSIFIED, CHINA ---

COMPUTER: OKAY

PROGRAM (44-47-9999): OKAY

HEATERS:  
SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP:  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

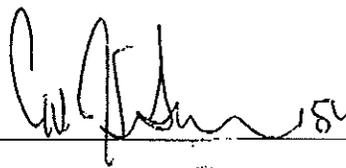
QUARTZ STANDARD: OKAY

LAB CONNECTION: OKAY

ENTER YES

HI UKLANLPARKUWIKYZTND\_ 8020+IGNIJKI800  
POT58000XZ3114

Operator Signature





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

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PERMIT  
TYPE II

JEFFREY S GRAUE

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 240052

EXPIRES 3/7/2016

MO 660-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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 GRAUE, JEFFREY  
Permit No 240052  
Date issued 3/7/2014 Date Expires 3/7/2016