



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

RECEIVED
 By Carol Day at 12:24 pm, Oct 28, 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 204141	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 10-26-14
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W. MAIN, WARRENTON, MO 63383		TIME OF INSPECTION 0940

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) 10-26-14 0944
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input 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>13290</u> EXP. DATE <u>10-29-15</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>G6825</u> EXP. DATE <u>01/21/2015</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → <u>098</u>	TEST 2 → <u>099</u>	TEST 3 → <u>099</u>
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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) <u>2</u>	(.05-.09) ⊕ <u>0</u>	(.10-.14) <u>3</u>	(.15-.19) <u>2</u>	OVER .19 <u>1</u>
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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 <u>[Signature]</u>	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.

200 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-3470

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.

Place This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSISSIPPI STATE HIGHWAY PATROL
BAC SUBSTANCES SERIAL NUMBER 204492
10-26-14

ARREST TIME: 08:00

SUBJECT NAME:

DOB: 02/21/70 SEX: M

STATE P.L.S. NO: 12496

ARRESTING OFFICER:

OFFICER I.D. #

TESTING OFFICER:

LOCAL # 3

OFFICER I.D. # 154

PERMIT NUMBER: 24098

EXPIRATION DATE: 08/07/16

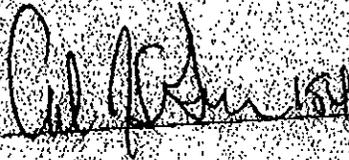
MISCELLANEOUS DATA:

BREATH ANALYSIS

BLANK TEST
INDICIAL STANDARD
PRIMAL INTERFERENCE

000 10100
WEATHERED 10100

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATA MASTER SERIAL NUMBER ED4187
10/26/14

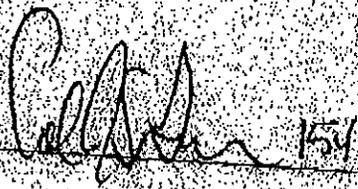
TESTING OFFICER:
BRUNE, J/S
OFFICER I.D. # 154
PERMIT NUMBER: E40052
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:

--- SUPERVISOR NOTE ---

BLANK TEST	.000	09:50
INTERNAL STANDARD	VERIFIED	09:55
EXTERNAL STANDARD	.098	09:55
BLANK TEST	.000	09:56
EXTERNAL STANDARD	.098	09:56
BLANK TEST	.000	09:57
EXTERNAL STANDARD	.099	09:58
BLANK TEST	.000	09:59

NO. 3
SIN. #
HYD. # 10006

Operator Signature





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

2

**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

KJ 690-0771 (9-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (15-10)



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 a court.



Operator **GRAUE, JEFFREY**
Permit No **240052**
Date Issued **3/7/2014** Date Expires **3/7/2016**