



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

**RECEIVED**  
 By Carol Day at 9:00 am, Apr 01, 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 <b>204151</b>	NAME OF AGENCY <b>MISSOURI STATE HIGHWAY PATROL</b>	DATE OF INSPECTION <b>3-31-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>COLE COUNTY JAIL - JEFFERSON CITY</b>		TIME OF INSPECTION <b>0710 HOURS</b>

**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) <b>3-31-14/0710 Hours</b>
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>50</b> °C	<input type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABORATORIES, INC</b> LOT # <b>13290</b> EXP. DATE <b>10-29-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.2</b> °C SIMULATOR SN <b>61104</b> EXP. DATE <b>3-4-15</b>

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 • <b>.099</b>	TEST 2 • <b>.100</b>	TEST 3 • <b>.100</b>
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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 <b>0</b>	(0-.04) <b>4</b>	(.05-.09) <b>5</b>	(.10-.14) <b>8</b>	(.15-.19) <b>6</b>	OVER .19 <b>2</b>
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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 <b>TPR RR Dowd</b>	PRINT FULL NAME <b>TPR RR Dowd</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230323 / 12-23-15</b>	TELEPHONE NUMBER <b>573-751-1000</b>

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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204151

03/31/14  
07:10

--- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature TRR RDY

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204151  
03/31/14

TESTING OFFICER:  
DOWD/R/R  
OFFICER I.D.: 932  
PERMIT NUMBER: 230323  
EXPIRATION DATE: 12/23/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:19
INTERNAL STANDARD	VERIFIED	07:19
EXTERNAL STANDARD	.099	07:19
BLANK TEST	.000	07:20
EXTERNAL STANDARD	.100	07:20
BLANK TEST	.000	07:21
EXTERNAL STANDARD	.100	07:21
BLANK TEST	.000	07:22

N = 3  
SIM. = .1  
AVG. = .0996

Operator Signature

*TRH RR D*

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204151  
03/31/14

ARREST TIME: 07:00  
SUBJECT NAME:  
DOE/JOHN/Q  
DOB: 12/12/12      SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
DOWD/R/R  
OFFICER I.D.: 932  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 932  
PERMIT NUMBER: 230323  
EXPIRATION DATE: 12/23/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	07:25
INTERNAL STANDARD	VERIFIED	07:25
RADIO INTERFERENCE		

Operator Signature

*JH RR M*