



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

**RECEIVED**  
 By Carol Day at 2:30 pm, Jun 02, 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<br>204159 (Inv# 127276)   | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>05/27/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>415 W. 3rd Street Platte City, Missouri (Platte County Detention) |   | TIME OF INSPECTION<br>1:50 pm    |

**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) 05-27-2014 1350       |
| <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 _____ 50 °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         |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G11071 EXP. DATE 12/04/2014

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 → .101 | TEST 2 → .101 | TEST 3 → .101 |
|---------------|---------------|---------------|

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) | 1 | (.10-.14) | 7 | (.15-.19) | 2 | OVER .19 | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

Instrument is operating within DHSS specifications.

**INSPECTING OFFICER**

|  |   |
|--|---|
| SIGNATURE<br>  | PRINT FULL NAME<br>Trooper T.I. Goolsby |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240092 03/11/2016 | TELEPHONE NUMBER<br>(816) 622-0800      |

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.*

Face This Side Down - This Edge In First

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY Patrol

690 WAINWRIGHT SERIAL NUMBER 604159

05/27/14

APPROX TIME: 00:06

Sub City Name:

MT TEST

DATE: 11/11/11

TESTING OFFICER:

DATE: 05/17/14

TESTING OFFICER:

LABORATORY:

OFFICER: T. R. B. 809

SECURITY NUMBER: 210999

EXPIRATION DATE: 03/11/17

MANUFACTURER: JBR18

--- SPECIMEN PROLVIT ---

TRUCK TEST

INTELEARN STRONGFIELD

PERIOD: 14714

14714

VERIFIED

14714

Operator Signature



# BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC INSTRUMENTER SERIAL NUMBER 204159  
05/27/14

### TESTING OFFICER:

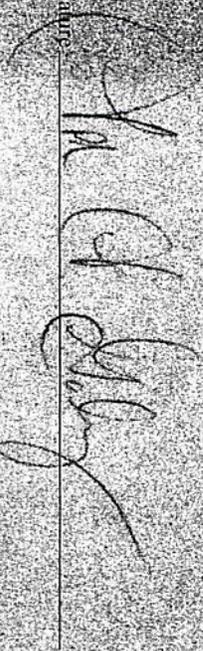
BOULSBY/T/1  
OFFICER I.D.# 839  
PERMIT NUMBER: 240098  
EXPIRATION DATE: 03/11/16  
MISCELLANEOUS DATA:  
IS

### --- SUPERVISOR MODE ---

| BLANK TEST        | VERIFIED | 14:06 |
|-------------------|----------|-------|
| INTERNAL STANDARD | .101     | 14:08 |
| EXTERNAL STANDARD | .000     | 14:09 |
| BLANK TEST        | .101     | 14:10 |
| INTERNAL STANDARD | .000     | 14:10 |
| EXTERNAL STANDARD | .101     | 14:11 |
| BLANK TEST        | .000     | 14:11 |

H = 2.0  
SIR = .1  
RSG = .101

Operator Signature



# BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC INSTRUMENTER SERIAL NUMBER 204159  
05/27/14  
13:58

### --- DIAGNOSTIC CHECK ---

COILS: OKAY

PROGRAM (94-07-2003): OKAY

HEATERS: SAC

SAMPLE CHAMBER: SAC

FLAME DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTPORT: OKAY

FILTERS: OKAY

QUANTITY STANDARD: OKAY

IDENTIFICATION: OKAY

PRINTER TEST

0123456789:~(=)09BCDEF0

ABCDEFGHIJKLMPQRSTUVWXYZ\]^\_`abcd efghijklmno

0123456789:~(=)09BCDEF0

Operator Signature

