



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

RECEIVED  
 By Carol Day at 11:21 am, Jul 21, 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 204176	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Clinton County Sheriff's Department, Plattsburg, Missouri		TIME OF INSPECTION 10:55 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) 07/10/14 2255
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN G11688 EXP. DATE 10/17/2014

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 <input checked="" type="checkbox"/> .098	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
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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	2	(0-.04)	3	(.05-.09)	4	(.10-.14)	5	(.15-.19)	5	OVER .19	2
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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>Andrew A. Henry</i>	PRINT FULL NAME Andrew A. Henry
TYPE II PERMIT NUMBER/EXPIRATION DATE 240169 04/22/2016	TELEPHONE NUMBER (816) 387-2345

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: 717-664-5470

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



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

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**PERMIT  
 TYPE II**

**ANDREW A HENRY**

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 4/22/2014

NUMBER 240169

EXPIRES 4/22/2016

80-0771 (6-10)

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 HENRY, ANDREW  
 Permit No 240169  
 Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI  
BAC DATAMASTER  
 COMPUTER: \_\_\_\_\_  
 PROGRAM (04-07) \_\_\_\_\_  
 HEATERS \_\_\_\_\_  
 SAMPLE CHAMBER \_\_\_\_\_  
 FLOW DETECTOR: \_\_\_\_\_  
 PUMP \_\_\_\_\_  
 HIGH SPEED: \_\_\_\_\_  
 DETECTOR: \_\_\_\_\_  
 FILTERS: \_\_\_\_\_  
 QUARTZ STANDARD \_\_\_\_\_  
 CALIBRATION: \_\_\_\_\_  
 PRINTED \_\_\_\_\_  
 MIJ K L N O P Q R S T U V W X Y Z  
 0 1 2 3 4 5 6 7 8 9

Operator Signature

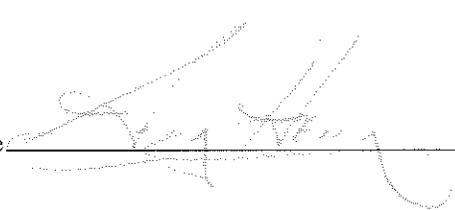


Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI  
BAC DATAMASTER  
 COMPUTER: \_\_\_\_\_  
 PROGRAM (04-07) \_\_\_\_\_  
 HEATERS \_\_\_\_\_  
 SAMPLE CHAMBER \_\_\_\_\_  
 FLOW DETECTOR: \_\_\_\_\_  
 PUMP \_\_\_\_\_  
 HIGH SPEED: \_\_\_\_\_  
 DETECTOR: \_\_\_\_\_  
 FILTERS: \_\_\_\_\_  
 QUARTZ STANDARD \_\_\_\_\_  
 CALIBRATION: \_\_\_\_\_  
 PRINTED \_\_\_\_\_  
 MIJ K L N O P Q R S T U V W X Y Z  
 0 1 2 3 4 5 6 7 8 9

Operator Signature



# BAC DataMaster Evidence Ticket

Printed On: 01/11/2011 10:00 AM  
Printed At: 1111 11th Ave, Bldg 100, St. Paul, MN 55101

Operator: J. J. [unclear]  
Subject: [unclear]  
Date: 01/11/2011  
Time: 10:00 AM  
Location: 1111 11th Ave, Bldg 100, St. Paul, MN 55101  
Event: [unclear]  
Remarks: [unclear]  
Printed On: 01/11/2011 10:00 AM  
Printed At: 1111 11th Ave, Bldg 100, St. Paul, MN 55101

Operator: J. J. [unclear]

Operator: J. J. [unclear]	Date: 01/11/2011	Time: 10:00 AM
Subject: [unclear]	Event: [unclear]	Remarks: [unclear]
Location: 1111 11th Ave, Bldg 100, St. Paul, MN 55101		

Operator Signature