



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

received 10/19/14 REPORT #6

**REVIEWED**  
 By Carol Day at 12:28 pm, Oct 28, 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 204178	NAME OF AGENCY M.S.H.P.-H/4	DATE OF INSPECTION 10-11-14
LOCATION OF INSTRUMENT (STREET AND CITY) Mercer County S.O., Princeton, MO		TIME OF INSPECTION 10/1

**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) 10-11-14 @ 10/1
<input type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input 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 LABS LOT # 13290 EXP. DATE 10-29-15

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G8 200 EXP. DATE 1-13-15

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 • .098	TEST 2 • .098	TEST 3 • .100
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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	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 1	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).

WITHIN D.O.H. SPECS

**INSPECTING OFFICER**

SIGNATURE <i>Doug Little</i>	PRINT FULL NAME Doug Little
TYPE II PERMIT NUMBER/EXPIRATION DATE 240176 04-22-16	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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

## 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.*



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

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**PERMIT**  
**TYPE II**  
**DOUGLAS P LITTLE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

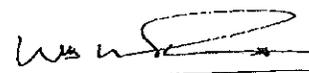
**DATAMASTER, INTOX DMT**

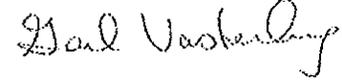
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/22/2014

NUMBER 240176

EXPIRES 4/22/2016

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

MO 589-0771 (6-10)

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 LITTLE, DOUGLAS  
 Permit No 240176  
 Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

1. Date of Collection: \_\_\_\_\_  
 2. Time of Collection: \_\_\_\_\_  
 3. Location of Collection: \_\_\_\_\_  
 4. Name of Collector: \_\_\_\_\_  
 5. Name of Operator: \_\_\_\_\_  
 6. Name of Analyst: \_\_\_\_\_  
 7. Name of Supervisor: \_\_\_\_\_  
 8. Name of Agency: \_\_\_\_\_  
 9. Name of Case: \_\_\_\_\_  
 10. Name of Vehicle: \_\_\_\_\_  
 11. Name of Driver: \_\_\_\_\_  
 12. Name of Passenger: \_\_\_\_\_  
 13. Name of Other Occupant: \_\_\_\_\_  
 14. Name of Other Person: \_\_\_\_\_  
 15. Name of Other Person: \_\_\_\_\_  
 16. Name of Other Person: \_\_\_\_\_  
 17. Name of Other Person: \_\_\_\_\_  
 18. Name of Other Person: \_\_\_\_\_  
 19. Name of Other Person: \_\_\_\_\_  
 20. Name of Other Person: \_\_\_\_\_

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 10. Name of Vehicle: \_\_\_\_\_  
 11. Name of Driver: \_\_\_\_\_  
 12. Name of Passenger: \_\_\_\_\_  
 13. Name of Other Occupant: \_\_\_\_\_  
 14. Name of Other Person: \_\_\_\_\_  
 15. Name of Other Person: \_\_\_\_\_  
 16. Name of Other Person: \_\_\_\_\_  
 17. Name of Other Person: \_\_\_\_\_  
 18. Name of Other Person: \_\_\_\_\_  
 19. Name of Other Person: \_\_\_\_\_  
 20. Name of Other Person: \_\_\_\_\_

Operator Signature

*[Handwritten Signature]*

Operator Signature

*[Handwritten Signature]*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

Case No. \_\_\_\_\_  
Date of Collection \_\_\_\_\_  
Location of Collection \_\_\_\_\_

Operator Name \_\_\_\_\_  
Operator Title \_\_\_\_\_  
Operator License No. \_\_\_\_\_  
Operator Signature \_\_\_\_\_  
Operator Date \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_  
Vehicle Year \_\_\_\_\_  
Vehicle Color \_\_\_\_\_  
Vehicle License No. \_\_\_\_\_  
Vehicle VIN \_\_\_\_\_

Officer Name \_\_\_\_\_  
Officer Title \_\_\_\_\_  
Officer License No. \_\_\_\_\_  
Officer Signature \_\_\_\_\_  
Officer Date \_\_\_\_\_

Operator Signature \_\_\_\_\_

