

DOH



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

received 8/20/14-cd

REPORT #6

REVIEWED

By Carol Day at 1:40 pm, Aug 29, 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 <u>204184</u> | NAME OF AGENCY <u>Missouri State Highway Patrol</u> | DATE OF INSPECTION <u>8-12-14</u> |
|--------------------------------|--|--------------------------------------|

| | |
|--|------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>CEDAR COUNTY JAIL, STOCKTON, MO</u> | TIME OF INSPECTION <u>21:58</u> |
|--|------------------------------------|

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) <u>8-12-14 2158</u> |
|--|---|

| | |
|--|--|
| <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 <u>50°C</u> °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 |
|---|---|

| |
|--|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
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| |
|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GUTH LABORATORIES INC</u> LOT # <u>13280</u> EXP. DATE <u>10-16-15</u> |
|---|

| |
|--|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0°C</u> °C SIMULATOR SN <u>G6757</u> EXP. DATE <u>12-20-14</u> |
|--|

| |
|--|
| <input checked="" type="checkbox"/> 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 <u>.095</u> | TEST 2 <u>.096</u> | TEST 3 <u>.097</u> |
|--------------------|--------------------|--------------------|

| |
|---|
| <input checked="" type="checkbox"/> 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 <u>0</u> | (0-.04) <u>0</u> | (.05-.09) <u>0</u> | (.10-.14) <u>0</u> | (.15-.19) <u>1</u> | OVER .19 <u>0</u> |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|

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).

This instrument is operating within Missouri Department of Health and Senior Services specifications.

INSPECTING OFFICER

| | |
|---|--|
| SIGNATURE <u>Trooper D.W. Scotten</u> | PRINT FULL NAME <u>Trooper D.W. Scotten</u> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240071 03/07/2016</u> | TELEPHONE NUMBER <u>(417) 895-6868</u> |

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.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-534-5470

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°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

2

**PERMIT
TYPE II**

DOUGLAS W SCOTTEN

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 240071

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

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 SCOTTEN, DOUGLAS
Permit No 240071
Date issued 3/7/2014 Date Expires 3/7/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204184
08/12/14

TESTING OFFICER:
SCOTTEN/D/W
OFFICER I.D.#: 938
PERMIT NUMBER: 240071
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 22:09 |
| INTERNAL STANDARD | VERIFIED | 22:09 |
| EXTERNAL STANDARD | .095 | 22:09 |
| BLANK TEST | .000 | 22:10 |
| EXTERNAL STANDARD | .096 | 22:11 |
| BLANK TEST | .000 | 22:11 |
| EXTERNAL STANDARD | .097 | 22:12 |
| BLANK TEST | .000 | 22:13 |

n = 3
S.D. = .1
AVG. = .096

Signature

TPR. Dew Scotten

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204184
08/12/14
21:58

--- 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

! " # \$ % & ' () * + , - / 0 1 2 3 4 5 6 7 8 9 : ; = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

Operator Signature

TPR. Dew Scotten

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204104
08/12/14

ARREST TIME: 21:30
SUBJECT NAME:
DOE/JON
JOB: 01/01/96 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
SCOTTEN/D/W
OFFICER I.D.: 938
TESTING OFFICER:
SAME
OFFICER I.D.: 938
PERMIT NUMBER: 240071
EXPIRATION DATE: 03/07/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 22:16 |
| INTERNAL STANDARD | VERIFIED | 22:16 |
| RADIO INTERFERENCE | | |

Operator Signature

TPR D.W. Scotten