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

received 8/20/14-cd

REVIEWED

REPORT

By Carol Day at 1:42 pm, Aug 29, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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>204188</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>8-12-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>ST. CLAIR COUNTY JAIL, OSCEOLA, MO</b>		TIME OF INSPECTION <b>2321</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>8-12-14 2321</b>
<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 <b>50°C</b> °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
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABORATORIES INC</b> LOT # <b>13280</b> EXP. DATE <b>10-16-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>32.0°C</b> °C SIMULATOR SN <b>G6757</b> EXP. DATE <b>12-20-14</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)

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 • <b>.098</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>0</b>	(.05-.09) <b>1</b>	(.10-.14)	(.15-.19) <b>0</b>	OVER .19 <b>0</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).

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

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>Trooper D.W. Scotten</b>	PRINT FULL NAME <b>Trooper D.W. Scotten</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240071 03/07/2016</b>	TELEPHONE NUMBER <b>(417) 895-6868</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: 717-584-5470

### 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

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**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

MO 590-0771 (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 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 204188  
08/12/14

TESTING OFFICER:  
SCOTT HEDWIG  
OFFICER I.D. # 108  
PERMID NUMBER: 24007  
EXPIRATION DATE: 06-30-16  
NECESSARILY DATA

--- SUPERVISOR WIDE ---

BLANK TEST	.000	23:31
INTERNAL STANDARD	VERIFIED	23:31
EXTERNAL STANDARD	.098	23:32
BLANK TEST	.000	23:32
EXTERNAL STANDARD	.100	23:33
BLANK TEST	.000	23:33
EXTERNAL STANDARD	.100	23:34
BLANK TEST	.000	23:34

N = 3  
STDEV = .11  
AVG. = .0980

Operator Signature

*Scott Hedwig*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204188  
08/12/14  
23:21

--- DIAGNOSTIC CHECK ---

COMPUTER	OKAY
PROGRAM (04-07-2009) 1	OKAY
REACTIC	
SAMPLE NUMBER	000
FLAME DETECTOR	OKAY
PUMP	
FLOW SPEED	OKAY
DETECTOR	OKAY
FILTER	OKAY
WEIGHT STANDARDS	OKAY
CALIBRATION	OKAY

PRINTER TEST

012345678910111213141516171819  
HIJKLMN O PQRSTU VWXYZ [ ] ^ \_ ` 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 { | } ~ \*  
012345678910111213141516171819

Operator Signature

*Scott Hedwig*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
DHC DATAMASTER SERIAL NUMBER 204188  
04/12/14

ARREST TIME: 2:16G  
SUBJECT NAME:  
DOB: 01/31/98      SEX: M  
STRUC/OCC: HR-12345  
ARRESTING OFFICER:  
SLUTTEN/TM  
OFFICER I.D.: 988  
TESTING OFFICER:  
SHAFER  
OFFICER I.D.: 938  
PERMIT NUMBER: 240073  
EXPIRATION DATE: 03/07/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

SLOW TEST	1.000	23137
INTERNAL STANDARD	VERIFIED	23137
PHOTO INTERFERENCE		

Operator Signature

