



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

REPORT #6

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 in service.  
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**RECEIVED**  
 By Carol Day at 3:08 pm, May 19, 2014

DATAMASTER SN 940164	NAME OF AGENCY STRAFFORD POLICE DEPT	DATE OF INSPECTION 05/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 113 E. PINE ST. STRAFFORD, MO 65757		TIME OF INSPECTION 11:10 am

**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>05/15/2014@ 1110</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>49</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
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GUTH LABS INC</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.00</u> °C SIMULATOR SN <u>DR5379</u> EXP. DATE <u>02/12/2015</u>

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  .103	TEST 2  .103	TEST 3  .104
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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	1	(.0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	1
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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 	PRINT FULL NAME JUSTHAN I WEBSTER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230036 02/27/2015	TELEPHONE NUMBER (417) 736-4000

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: 717-564-6470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 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.*

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
STRAFFORD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940164  
05/15/14  
11:10

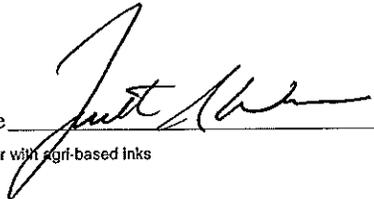
--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 49c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
!@#\$%^&\*()\_+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature



Printed on recycled paper with agr-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
STRAFFORD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940164  
05/15/14

ARREST TIME: 10:45  
SUBJECT NAME:  
RFI/TEST  
DOB: 10/20/30 SEX: M  
STATE/D.L.: MO/RFI TEST  
ARRESTING OFFICER:  
WEBSTER/JUSTHAN/I  
OFFICER I.D.: 1301  
TESTING OFFICER:  
WEBSTER/JUSTHAN/I  
OFFICER I.D.: 1301  
PERMIT NUMBER: 230036  
EXPIRATION DATE: 02/27/15  
MISCELLANEOUS DATA:  
RFI TEST  
RFI TEST

----- BREATH ANALYSIS -----

BLANK TEST .000 11:19  
INTERNAL STANDARD VERIFIED 11:19  
RADIO INTERFERENCE

Operator Signature

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CMSU 22

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
STRAFFORD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940164  
05/15/14

TESTING OFFICER:  
WEBSTER/JUSTHAN/I  
OFFICER I.D.: 1301  
PERMIT NUMBER: 230036  
EXPIRATION DATE: 02/27/15  
MISCELLANEOUS DATA:  
MAINTENANCE

----- SUPERVISOR MODE -----

BLANK TEST .000 11:13  
INTERNAL STANDARD VERIFIED 11:13  
EXTERNAL STANDARD .103 11:13  
BLANK TEST .000 11:14  
EXTERNAL STANDARD .103 11:15  
BLANK TEST .000 11:15  
EXTERNAL STANDARD .104 11:16  
BLANK TEST .000 11:16

N = 3  
SIM. = .1  
AVG. = .1033

Operator Signature

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CMSU 2208-02



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

2

PERMIT  
TYPE II

JUSTHANI WEBSTER

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

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 02/27/2013

NUMBER 230036

EXPIRES 02/27/2015

MO 580-0771 (6-10)

*W. Webster*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Shal Webster*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)



# Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services  
Rules and Regulations: 19CSR 25-30.

Checked: 2/13/2014 Expires: 02/12/2015  
Digital Therm. SN:093752 Temp:33.98  
MSC Tech:RW  
Agency: STRAFFORD PD



DR5379



Tested By: \_\_\_\_\_

ROBERT WELSH

Date: \_\_\_\_\_

02/13/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834