



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

**RECEIVED**  
By Carol Day at 12:44 pm, Apr 10, 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 940243	NAME OF AGENCY Billings Police	DATE OF INSPECTION 04-09-2014
LOCATION OF INSTRUMENT (STREET AND CITY) Billings Police		TIME OF INSPECTION 1710

**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) 04-09-2014 @ 1710
<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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth	LOT # 14030 EXP. DATE 01-20-2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN SD2274 EXP. DATE 07/10/2014
<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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 ← .100	TEST 2 ← .100	TEST 3 ← .101
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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) 0	OVER .190
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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>Karl Cuschieri 952</i>	PRINT FULL NAME Karl Cuschieri
TYPE # PERMIT NUMBER/EXPIRATION DATE 220214 / 09/04/2014	TELEPHONE NUMBER 417-744-2582

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: 717-564-5470

**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 +/- 0.2°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  
BILLINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940040  
04/09/14

TESTING OFFICER:  
CUSCHIERI/KARL  
OFFICER I.D.# 952  
PERMIT NUMBER: 200214  
EXPIRATION DATE: 09/04/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:13
INTERNAL STANDARD	VERIFIED	17:13
EXTERNAL STANDARD	.100	17:14
BLANK TEST	.000	17:14
EXTERNAL STANDARD	.100	17:15
BLANK TEST	.000	17:15
EXTERNAL STANDARD	.101	17:16
BLANK TEST	.000	17:16

N = 3  
SIM. = .1  
AVG. = .1000

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BILLINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940040  
04/09/14  
17:18

--- 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:;[ \ ] ^ \_ ` abcdefghijklmnop  
qrstuvwxyz{|}~`!@#\$%^&'()\*+,-./:0123456789:;[ \ ] ^ \_ ` abcdefghijklmnop  
qrstuvwxyz{|}~`!@#\$%^&'()\*+,-./:0123456789:;[ \ ] ^ \_ ` abcdefghijklmnop

Operator Signature

*Karl Cuschieri 952*

Operator Signature

*Karl Cuschieri 952*

State of Missouri  
DEPARTMENT OF HEALTH



PERMIT  
TYPE II



KARLA CUSCHIERI

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

for the determination of the alcoholic content of blood from a sample of expired (ventilator) air. Issued under the provisions of sections 577.020 through 577.041, RSMo, 1986

Date 09/04/2012

Number 220214

Expires 03/04/2014

MO 880-0771 (7-88)

*[Signature]*  
Director of State Public Health Laboratory  
*[Signature]*  
Director, Department of Health