



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

received 1/25/14 **REPORT #6**

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.

**REVIEWED**  
By Carol Day at 10:16 am, Feb 03, 2014

DATAMASTER SN <b>940258</b>	NAME OF AGENCY <b>TROY PD / STATE OF MISSOURI</b>	DATE OF INSPECTION <b>01/17/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>800 CAP-AU-GRIS, TROY</b>		TIME OF INSPECTION <b>0931 HOURS</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>01/17/2014 0931 HOURS</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>49 °C</b>	<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</b> LOT # <b>13010</b> EXP. DATE <b>01/09/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34 °C</b> SIMULATOR SN <b>SD2508</b> EXP. DATE <b>02/25/2014</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>.099 %</b>	TEST 2 <b>.099 %</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	(.0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>1</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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <b>BERNIE CLAYTON</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220414 12/27/2014</b>	TELEPHONE NUMBER <b>(636) 528-4725</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

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 940258  
01/17/14

TESTING OFFICER:  
CLAYTON/BERNIE  
OFFICER I.D.# 131  
PERMIT NUMBER: 220414  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

TEST TYPE	VERIFIED	TIME
BLANK TEST	.000	09:33
INTERNAL STANDARD	VERIFIED	09:34
EXTERNAL STANDARD	.099	09:34
BLANK TEST	.000	09:35
EXTERNAL STANDARD	.099	09:35
BLANK TEST	.000	09:36
EXTERNAL STANDARD	.100	09:36
BLANK TEST	.000	09:37

N = 3  
SIM. = .1  
AVG. = .0993

Operator Signature

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 940258  
01/17/14  
09:31

--- 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

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! " # $ % & ' ( ) * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ H E C I 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 ( ) * +

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Operator Signature

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 940258  
01/17/14

ARREST TIME: 09:00  
SUBJECT NAME:  
TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/123457  
ARRESTING OFFICER:  
CLAYTON/BERNIE  
OFFICER I.D.: 131  
TESTING OFFICER:  
CLAYTON/BERNIE  
OFFICER I.D.: 131  
PERMIT NUMBER: 220414  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 09:46  
INTERNAL STANDARD .000 09:46  
SUBJECT SAMPLE .000 09:47  
BLANK TEST .000 09:47

Operator Signature



**BAC DataMaster**  
Evidence Ticket

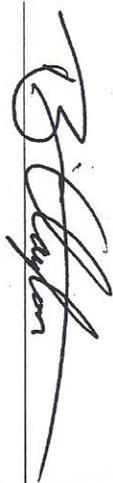
STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 940258  
01/17/14

ARREST TIME: 09:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/123457  
ARRESTING OFFICER:  
CLAYTON/BERNIE  
OFFICER I.D.: 131  
TESTING OFFICER:  
CLAYTON/BERNIE  
OFFICER I.D.: 131  
PERMIT NUMBER: 220414  
EXPIRATION DATE: 12/27/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 09:42  
INTERNAL STANDARD .000 09:42  
RADIO INTERFERENCE

Operator Signature



State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



BERNIE CLAYTON

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 (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/27/2012

Number 220414

Expires 12/27/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health



**GUTH LABORATORIES, INC.**

590 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 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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.*