



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

**RECEIVED**  
 By Carol Day at 11:15 am, Dec 23, 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 950053	NAME OF AGENCY Centralia Police Department	DATE OF INSPECTION 12/22/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 114 S. Rollins Street, Centralia		TIME OF INSPECTION 10:47 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) 12/22/2014 10:47
<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 Laboratories, Inc. LOT # 14110 EXP. DATE 05/01/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 094948 EXP. DATE 03/11/2015

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  .102	TEST 2  .102	TEST 3  .102
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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)	1	(.05-.09)	1	(.10-.14)	0	(.15-.19)	1	OVER .19	0
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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 Timothy M. Kribbs
TYPE II PERMIT NUMBER/EXPIRATION DATE 230007 01/10/2015	TELEPHONE NUMBER (573) 682-2132

**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



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



**PERMIT**  
**TYPE II**

**TIMOTHY M KRIBBS**

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 01/10/2013

NUMBER 230007

EXPIRES 01/10/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)



# 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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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  
CENTRALIA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950053  
12/22/14

TESTING OFFICER:

KRIBBS/TJM

OFFICER I.D.# 676

PERMIT NUMBER: 230007

EXPIRATION DATE: 01/10/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:50
INTERNAL STANDARD	VERIFIED	10:50
EXTERNAL STANDARD	.102	10:50
BLANK TEST	.000	10:51
EXTERNAL STANDARD	.102	10:51
BLANK TEST	.000	10:52
EXTERNAL STANDARD	.102	10:52
BLANK TEST	.000	10:53

N = 3

SIM. = .1

AVG. = .102

OPERATOR SIGNATURE

CARD STK # 60036

REORDER ALL SUPPLIES FROM N.P.A.S.  
2760 NORTH MAIN, MANSEFIELD, OH 44003 410-526-6797 (MIDAC)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster

Evidence Ticket

STATE OF MISSOURI  
CENTRALIA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950053  
12/22/14  
10:47

--- 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[\]^\_`abcdefshijklmnop  
q-rstuvwxyz{|}~\*

OPERATOR SIGNATURE

CARD STK # 60036

REORDER ALL SUPPLIES FROM N.P.A.S.  
2760 NORTH MAIN, MANSEFIELD, OH 44003 410-526-6797 (MIDAC)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
CENTRALIA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER: 950053  
12/22/14

ARREST TIME: 00:01  
SUBJECT NAME:  
JOE/JOHN  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/A123456  
ARRESTING OFFICER:  
KRIBBS/TIM  
OFFICER I.D.: 676  
TESTING OFFICER:  
KRIBBS/TIM  
OFFICER I.D.: 676  
PERMIT NUMBER: 230007  
EXPIRATION DATE: 01/19/15  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 10:55  
INTERNAL STANDARD VERIFIED 10:55  
RADIO INTERFERENCE



OPERATOR SIGNATURE

CARD STK #

REORDER ALL SUPPLIES FROM I.P.A.S.

0250 MIDTLE MAIN MANAGER I.D. NW 44009 410-596-6797 (MIDAC)