



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

RECEIVED 3/6/14-CD

**REVIEWED** REPORT #6  
 By Carol Day at 3:48 pm, Apr 01, 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 <b>950081</b>	NAME OF AGENCY <b>Butler PD</b>	DATE OF INSPECTION <b>03/01/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>309 N. Fulton Butler, MO 64730</b>		TIME OF INSPECTION <b>5:24 pm</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>03/01/2014 17:24</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>	<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth Laboratories Inc.** LOT # **13010** EXP. DATE **01/09/2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD2302** EXP. DATE **02/12/2015**

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 <b>.098</b>	TEST 2 <b>.098</b>	TEST 3 <b>.098</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	(.0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	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).

Maintenance completed satisfactorily - instrument returned to service.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME <b>Mark A. Frost</b>
TYPE II PERMIT NUMBER EXPIRATION DATE <b>230063 04/23/2015</b>	TELEPHONE NUMBER <b>(660) 679-6131</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  
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081  
03/01/14  
17:24

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./@123456789:;<=>?eABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefshijklmno  
pqrstuvwxyz{|}~

Operator Signature

Printed on recycled paper with agri-based Inks

CPL #39  
CMSU 2208-02

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BUTLER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950081  
03/01/14

TESTING OFFICER:  
FROST/MARK/A  
OFFICER I.D.: 39  
PERMIT NUMBER: 230063  
EXPIRATION DATE: 04/23/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:27
INTERNAL STANDARD	VERIFIED	17:27
EXTERNAL STANDARD	.098	17:28
BLANK TEST	.000	17:28
EXTERNAL STANDARD	.098	17:29
BLANK TEST	.000	17:29
EXTERNAL STANDARD	.098	17:30
BLANK TEST	.000	17:30

N = 3  
SIM. = .1  
AVG. = .098

Operator Signature

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CPL #39  
CMSU :

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BUTLER POLICE DEPARTMENT

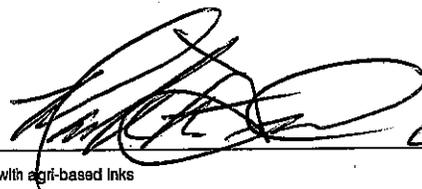
BAC DATAMASTER SERIAL NUMBER 950081  
03/01/14

ARREST TIME: 17:00  
SUBJECT NAME:  
RFI/SOBER/TEST  
DOB: 02/05/86 SEX: F  
STATE/D.L.: MO/P072210002  
ARRESTING OFFICER:  
FROST/M/A  
OFFICER I.D.: 39  
TESTING OFFICER:  
FROST  
OFFICER I.D.: 39  
PERMIT NUMBER: 230063  
EXPIRATION DATE: 04/23/15  
MISCELLANEOUS DATA:  
SOBER TEST  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:35
INTERNAL STANDARD	VERIFIED	17:35
SUBJECT SAMPLE	.000	17:36
RADIO INTERFERENCE		

Operator Signature



CPI #39

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CMSU 2208-02



**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.*



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

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**PERMIT  
TYPE II**

**MARK A FROST**

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 04/23/2013

NUMBER 230063

EXPIRES 04/23/2015

*W. A. Frost*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Garl Vesterly*

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-10)

MO 590-0771 (6-10)