



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

**RECEIVED**  
 By Carol Day at 12:39 pm, Apr 25, 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 950424	NAME OF AGENCY Slater Police Department	DATE OF INSPECTION 04/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 117 N. Walnut St. Slater, Missouri 65349		TIME OF INSPECTION 4:29 pm

**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) 04/11/2014 at 4:29 pm
<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 _____ 34 °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 _____ LOT # 13210 _____ EXP. DATE 07/29/2015

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C	SIMULATOR SN _____ 3318	EXP. DATE _____ 10/17/2014
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.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).

This Datamaster Instrument is operating within the requirements set by the Missouri Department of Health and Senior Services.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Joseph E. Valiquette</i>	PRINT FULL NAME Joseph E. Valiquette
TYPE II PERMIT NUMBER/EXPIRATION DATE 230248 / 10/24/2015	TELEPHONE NUMBER (660) 529-2241

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 **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm 3\%$ .

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

**JOSEPH E VALIQUETTE**

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, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/24/2013

NUMBER 230248

EXPIRES 10/24/2015

MO 560-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator VALIQUETTE, JOSEPH  
Permit No 230248  
Date Issued 10/24/2013 Date Expires 10/24/2015

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424  
04/11/14

TESTING OFFICER:  
VALIQUETTE/JOSEPH/E  
OFFICER I.D.: 140  
PERMIT NUMBER: 230248  
EXPIRATION DATE: 10/24/15  
MISCELLANEOUS DATA:  
N/A  
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:32
INTERNAL STANDARD	VERIFIED	16:32
EXTERNAL STANDARD	.102	16:33
BLANK TEST	.000	16:34
EXTERNAL STANDARD	.102	16:34
BLANK TEST	.000	16:35
EXTERNAL STANDARD	.102	16:35
BLANK TEST	.000	16:36

N = 3  
SIM. = .1  
AVG. = .102

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

*Joseph E. Valiquette #242*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424  
04/11/14

ARREST TIME: 16:00  
SUBJECT NAME:  
VALIQUETTE/JOSEPH/E  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
VALIQUETTE/JOSEPH/E  
OFFICER I.D.: 140  
TESTING OFFICER:  
VALIQUETTE/JOSEPH/E  
OFFICER I.D.: 140  
PERMIT NUMBER: 230248  
EXPIRATION DATE: 10/24/15  
MISCELLANEOUS DATA:  
RFI TEST  
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:43
INTERNAL STANDARD	VERIFIED	16:43
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

*Joseph E. Valiquette #242*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424  
04/11/14  
16:29

--- 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:;<=>?@ABCDEFGHIJK  
 LMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
 qrstuvwxyz{|}~

OPERATOR SIGNATURE Joseph E. Uslig #242

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901