



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

RECEIVED
 By Carol Day at 2:38 pm, Oct 17, 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 10/10/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 117 N. Walnut St. Slater, Missouri 65349		TIME OF INSPECTION 4:00 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) <u>10/10/2014 at 4:00 am</u>
<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 <u>34 °C</u>	<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 <u>Guth Laboratories</u> LOT # <u>14030</u> EXP. DATE <u>01/20/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>3318</u> EXP. DATE <u>10/17/2014</u>

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 <input type="checkbox"/> .099	TEST 2 <input type="checkbox"/> .100	TEST 3 <input type="checkbox"/> .100
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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 .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 withing the requirements set by the Missouri Department of Health and Senior Services.

INSPECTING OFFICER

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.

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 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 +/- .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

2

**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 308.111 through 308.119 RSMo.

DATE 10/24/2013

NUMBER 230248

EXPIRES 10/24/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (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
10/10/14
04:00

--- 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[\]^_`abcdefhijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

Stock No.

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
10/10/14

TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
PERMIT NUMBER: 230240
EXPIRATION DATE: 10/24/15
MISCELLANEOUS DATA:
N/A
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	04:06
INTERNAL STANDARD	VERIFIED	04:06
EXTERNAL STANDARD	.099	04:06
BLANK TEST	.000	04:07
EXTERNAL STANDARD	.100	04:07
BLANK TEST	.000	04:08
EXTERNAL STANDARD	.100	04:08
BLANK TEST	.000	04:09

N = 3
SIM. = .1
AVG. = .0996

OPERATOR SIGNATURE

Card Stock No.
60021

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
10/10/14

ARREST TIME: 03:50
SUBJECT NAME:
VALIQUETTE/JOSEPH/E
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
PERMIT NUMBER: 230248
EXPIRATION DATE: 10/24/15
MISCELLANEOUS DATA:
RFI TEST
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	04:16
INTERNAL STANDARD	VERIFIED	04:16
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Joseph E. Valiquette #242

Card Stock No.
60021

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