



REVIEWED with Laboratory  
By Carol Day at 11:37 am, Mar 14, 2014



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

REPORT #

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 # 980131 NAME OF AGENCY MARTHASVILLE Police Dept DATE OF INSPECTION 02-07-14  
LOCATION OF INSTRUMENT (STREET AND CITY) 402 E. MAIN MARTHASVILLE MO. 63357 TIME OF INSPECTION 1200 hrs

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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 02-07-14 @ 1245  
 COMPUTER  DETECTOR  
 PROGRAM 04-07-2009  FILTERS  
 HEATERS SAMPLE CHAMBER 49 °C  QUARTZ STANDARD  
 FLOW DETECTOR  CALIBRATION  
 PUMP HIGH SPEED  PRINTER  
 INDICATOR LIGHTS  
 SIMULATOR SOLUTION SUPPLIER GUTH LABS LOT # 13280 EXP. DATE 10-16-15  
 SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2295 EXP. DATE 2014  
 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 0.078% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .098 TEST 2 .097 TEST 3 .098  
 PERFORM R.F.I. TEST (PRINTOUT ATTACHED) (Radio Interference)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 OVER .19 0

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)

Instrument Tested And Certified within DHSS STANDARDS.

INSPECTING OFFICER

SIGNATURE E. Ray House PRINT FULL NAME EMMANUEL R. HOUSE  
 TYPE II PERMIT NUMBER/EXPIRATION DATE 220233 / 09-07-14 TELEPHONE NUMBER 636.433.2328  
 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

MO 580-1468 (2-09)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a non-discriminatory basis

LAB-118

CODE OF STATE REGULATIONS

(11/30/12) ROBIN CARNAHAN  
Secretary of State



## 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 **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of  $0.100 \text{ g}/210\text{L} \pm 3\%$ .

The alcohol and water used in this solution were free of test interfering substances.

Bottle # 1410

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



P E R M I T  
TYPE II



EMMANUEL R HOUSE

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 09/07/2012

Number 220233

Expires 09/07/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131  
02/07/14

TESTING OFFICER:  
HOUSE/RAY  
OFFICER I.D.: 302  
PERMIT NUMBER: 220233  
EXPIRATION DATE: 09/07/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:50
INTERNAL STANDARD	VERIFIED	12:50
EXTERNAL STANDARD	.098	12:50
BLANK TEST	.000	12:51
EXTERNAL STANDARD	.097	12:51
BLANK TEST	.000	12:52
EXTERNAL STANDARD	.098	12:52
BLANK TEST	.000	12:53

N = 3  
SIM. = .1  
AVG. = .0976

Operator Signature

*E. Ray House #302*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131  
02/07/14  
12:45

--- 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

*E. Ray House #302*

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 988131  
02/07/14

ARREST TIME: 12:00  
SUBJECT NAME:  
RADIO/FREQ/TEST  
DOB: 11/11/77 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
HOUSE/RAY  
OFFICER I.D.: 302  
TESTING OFFICER:  
HOUSE/RAY  
OFFICER I.D.: 302  
PERMIT NUMBER: 220233  
EXPIRATION DATE: 09/07/14  
MISCELLANEDUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:01
INTERNAL STANDARD	VERIFIED	13:01
RADIO INTERFERENCE		

Operator Signature

*E. Ray House #302*