



**REVIEWED**  
By Carol Day at 4:22 pm, Mar 31, 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 # <b>980131</b>	NAME OF AGENCY <b>MARTHASVILLE Police Dept.</b>	DATE OF INSPECTION <b>03-06-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>402 E. MAIN MARTHASVILLE, MO. 63357</b>		TIME OF INSPECTION <b>0830 hrs.</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>03-06-14 @ 0859</b>
<input checked="" type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM <b>04-07-2009</b>	<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 type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABS</b>	LOT # <b>13280</b> EXP. DATE <b>10-16-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0 °C</b>	SIMULATOR SN <b>SD2295</b> EXP. DATE <b>2-18-15</b>

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 = <b>.097</b>	TEST 2 = <b>.097</b>	TEST 3 = <b>.098</b>
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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) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
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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)

**Instrument Tested And Certified Within DHSS STANDARDS.**

INSPECTING OFFICER	
SIGNATURE <b>E. Ray House</b>	PRINT FULL NAME <b>EMMANUEL R. HOUSE</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220233 09-07-14</b>	TELEPHONE NUMBER <b>636.433.2328</b>
RETURN COMPLETED REPORT TO THIS: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901	

MO 580-1466 (2-09)

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

LAB-116



**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 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°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.

Bottle # 1409

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 1988.

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  
03/06/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:02
INTERNAL STANDARD	VERIFIED	09:02
EXTERNAL STANDARD	.097	09:02
BLANK TEST	.000	09:03
EXTERNAL STANDARD	.097	09:03
BLANK TEST	.000	09:04
EXTERNAL STANDARD	.098	09:04
BLANK TEST	.000	09:05

N = 3  
SIM. = .1  
AVG. = .0973

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  
03/06/14  
08:59

--- 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

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefshijklmno  
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 980131  
03/06/14

ARREST TIME: 00:30  
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  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:09
INTERNAL STANDARD	VERIFIED	09:09
RADIO INTERFERENCE		

Operator Signature

*E. Ray House 302*