



RECEIVED
Public Health Laboratory
By Carol Day at 10:12 am, Apr 11, 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 SN: 980131 NAME OF AGENCY: MARTHASVILLE P.D. DATE OF INSPECTION: 04-07-14
LOCATION OF INSTRUMENT (STREET AND CITY): 402 E. MAIN, MARTHASVILLE, MO 63357 TIME OF INSPECTION: 0815

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) 04/07/14 0836

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) 34.0 °C SIMULATOR SN SD 2295 EXP. DATE 2-18-15

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 = .097 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) (.05-.09) (.10-.14) (.15-.19) OVER .19

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 PRINTED 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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

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 # 1511

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
04/07/14

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

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 08:41 |
| INTERNAL STANDARD | VERIFIED | 08:41 |
| EXTERNAL STANDARD | .097 | 08:41 |
| BLANK TEST | .000 | 08:42 |
| EXTERNAL STANDARD | .097 | 08:42 |
| BLANK TEST | .000 | 08:43 |
| EXTERNAL STANDARD | .098 | 08:43 |
| BLANK TEST | .000 | 08:44 |

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
04/07/14
08:36

--- 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[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~*

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
04/07/14

ARREST TIME: 08:15
SUBJECT NAME:
RADIO/FRE/TEST
DOB: 11/11/88 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 | 08:49 |
| INTERNAL STANDARD | VERIFIED | 08:49 |
| RADIO INTERFERENCE | | |

Operator Signature

C. Ray House #302