



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

RECEIVED REPORT #6
 By Carol Day at 3:48 pm, Jun 11, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 990044	NAME OF AGENCY MSAP SPOT CREEK SEMO LAW ENFORCEMENT ACADEMY	DATE OF INSPECTION 06/07/14
LOCATION OF INSTRUMENT (STREET AND CITY) RAT VAN RT M AT US-67		TIME OF INSPECTION 2253

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) 06/07/14 2253
<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 49 °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 GUN LABORATORIES	LOT # 13290 EXP. DATE 10/29/15
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN 0300 EXP. DATE 02/18/15

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 0.099	TEST 2 0.099	TEST 3 0.100
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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).
OPERATES WITHIN STANDARDS

INSPECTING OFFICER	
SIGNATURE R.B. Arnold	PRINT FULL NAME RUSSELL B. ARNOLD
TYPE II PERMIT NUMBER/EXPIRATION DATE 240083 03/11/16	TELEPHONE NUMBER 573-840-9500

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: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 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 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.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SEMO LAW ENFORCEMENT ACADEMY

BAC DATA MASTER SERIAL NUMBER 990044
06/07/14

ARREST TIME: 02:00
SUBJECT NAME:

ID: 12/31/01 SEX: M
STATE/D.L.# MO/123456789
ARRESTING OFFICER:

OFFICER I.D.# 115
TESTING OFFICER:

OFFICER I.D.# 115
PERMIT NUMBER: 240000
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE

Operator Signature

R.B. [Signature]

06/07/14

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SEMO LAW ENFORCEMENT ACADEMY

BAC DATA MASTER SERIAL NUMBER 990044
06/07/14

TESTING OFFICER:

ARNOLD/R/B
OFFICER I.D.# 115
PERMIT NUMBER: 240000
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000
INTERNAL STANDARD VERIFIED
EXTERNAL STANDARD .099
BLANK TEST .000
EXTERNAL STANDARD .099
BLANK TEST .000
EXTERNAL STANDARD .100
BLANK TEST .000

N = 3
S.D. = .098
AVG. = .0993

Operator Signature

R.B. [Signature]

06/07/14

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SEMO LAW ENFORCEMENT ACADEMY

BAC DATA MASTER SERIAL NUMBER 990044
06/07/14
22:50

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 4Sc

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERCH: OKAY

SUBSTR. STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!#%&'()*+,-./0123456789:;<=>@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsstuvwxyz{|}~>

Operator Signature

R.B. [Signature]

06/07/14



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



**PERMIT
TYPE II**

RUSSELL B ARNOLD

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 sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240083

EXPIRES 3/11/2016

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 ARNOLD, RUSSELL
Permit No 240083
Date Issued 3/11/2014 Date Expires 3/11/2016