



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

**RECEIVED**  
 By Carol Day at 10:49 am, May 04, 2015

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 200059	NAME OF AGENCY DIRECTORATE OF EMERG. SERVICES	DATE OF INSPECTION 04/30/2015
LOCATION OF INSTRUMENT (STREET AND CITY) BUILDING 1000; FORT LEONARD WOOD, MO 65473		TIME OF INSPECTION 3:04 pm

**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) 3:04PM 04/30/2015
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5376 EXP. DATE 10/20/2015

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  .95	TEST 2  .95	TEST 3  .95
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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)	2	(.05-.09)	1	(.10-.14)	3	(.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).

TESTED AND CERTIFIED WITHIN ESTABLISHED GUIDELINES BY DHSS/

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME ANTHONY J NARUG
TYPE II PERMIT NUMBER/EXPIRATION DATE 250063 03/04/2017	TELEPHONE NUMBER (573) 596-1074

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

**BAC DataMaster**  
Evidence Ticket

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 200059  
04/30/15

ARREST TIME: 13:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/23/45 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
RFI/TEST  
OFFICER I.D.:  
TESTING OFFICER:  
NARUG/ANTHONY  
OFFICER I.D.: N3343  
PERMIT NUMBER: 250063  
EXPIRATION DATE: 03/04/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 15:00  
INTERNAL STANDARD VERIFIED 15:08  
RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No.  
60021

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

**BAC DataMaster**  
Evidence Ticket

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 200059  
04/30/15  
15:04

--- 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

!"#\$%&'()\*+,-./@123456789:;<=>?@ABCDEFGHI  
HIJKL MNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~\*

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

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

BAC INSTRUMENT SERIAL NUMBER 299859  
04/30/15

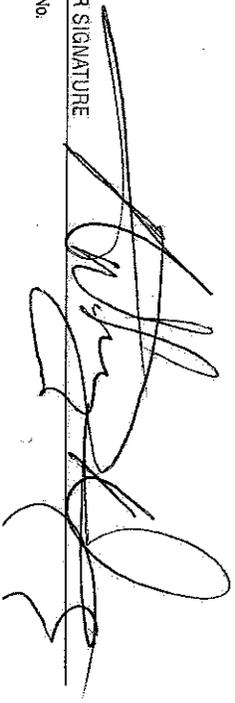
TESTING OFFICER:  
MARUS/ANTHONY/J  
OFFICER I.D.# N3343  
PERMIT NUMBER: 250063  
EXPIRATION DATE: 03/04/17  
MISCELLANEOUS INSTR:

----- SUPERVISOR NAME -----

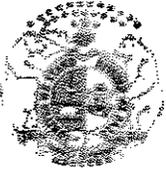
	VERIFIED	15:10
BLANK TEST	.000	15:10
INTERNAL STANDARD	.095	15:10
EXTERNAL STANDARD	.095	15:11
BLANK TEST	.000	15:11
INTERNAL STANDARD	.095	15:11
EXTERNAL STANDARD	.095	15:12
BLANK TEST	.000	15:12
INTERNAL STANDARD	.095	15:12
EXTERNAL STANDARD	.095	15:12
BLANK TEST	.000	15:13
INTERNAL STANDARD	.095	15:13
EXTERNAL STANDARD	.095	15:13

N = 3  
S.M. = .1  
R.W. = .095

OPERATOR SIGNATURE



Card Stock No.  
60021



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



**PERMIT  
 TYPE II**

**ANTHONY NARUG**

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**

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 3/4/2015

NUMBER 250063

EXPIRES 3/4/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director.

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-885-0771 (5-10)

LSE-4 (05-10)



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 NARUG, ANTHONY  
 Permit No 250063  
 Date Issued 3/4/2015 Date Expires 3/4/2017



## 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 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 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 FN08051301 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.*