



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

**RECEIVED**

By Brian Lutmer at 12:15 pm, Jan 08, 2015

REPORT #6

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 201147	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 01/06/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street, Hermann		TIME OF INSPECTION 2:52 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) 01/06/2015
<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 _____ 48 °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 <u>Guth Laboratories</u>	LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>SD2250</u> EXP. DATE <u>09/04/2015</u>
<input checked="" type="checkbox"/> 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 $\rightarrow$ .098	TEST 2 $\rightarrow$ .099	TEST 3 $\rightarrow$ .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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Marton L. Walker
TYPE / PERMIT NUMBER / EXPIRATION DATE 240431 / 12/15/2016	TELEPHONE NUMBER (573) 486-2211

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

HERMANN PD  
BAC DATAMASTER SERIAL NUMBER 201147  
01/06/15  
14:54

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 48c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature  306

BAC DataMaster  
Evidence Ticket

HERMANN PD  
BAC DATAMASTER SERIAL NUMBER 201147  
01/06/15

TESTING OFFICER:  
WALKER/MARLON/L  
OFFICER I.D.: 506  
PERMIT NUMBER: 240431  
EXPIRATION DATE: 12/15/16  
MISCELLANEOUS DATA:  
CALIBRATION CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:59
INTERNAL STANDARD	VERIFIED	14:59
EXTERNAL STANDARD	.098	14:59
BLANK TEST	.000	15:00
EXTERNAL STANDARD	.099	15:00
BLANK TEST	.000	15:01
EXTERNAL STANDARD	.100	15:02
BLANK TEST	.000	15:02

N = 3  
SIM. = .1  
AVG. = .099

Operator Signature

 #506

BAC DataMaster  
Evidence Ticket

HERMANN PD  
BAC DATAMASTER SERIAL NUMBER 201147  
01/06/15

ARREST TIME: 14:40  
SUBJECT NAME:  
WOODS/JAMES/K  
DOB: 08/08/78 SEX: M  
STATE/D.L.: MO/121223333  
ARRESTING OFFICER:  
WALKER/MARLON/L  
OFFICER I.D.: 506  
TESTING OFFICER:  
WALKER/MARLON/L  
OFFICER I.D.: 506  
PERMIT NUMBER: 240431  
EXPIRATION DATE: 12/15/16  
MISCELLANEOUS DATA:  
JANUARY 2015 RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	15:05
INTERNAL STANDARD	VERIFIED	15:06
RADIO INTERFERENCE		

Operator Signature



# 36



**GUTH LABORATORIES, INC.**

650 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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 FNI22211-02 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 AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT  
TYPE II**

**MARLON L WALKER**

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 12/15/2014

NUMBER 240431

EXPIRES 12/15/2016

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 530-0771 (6-10)

LAR-4 (RS-10)

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

**INSTRUMENT OPERATOR CARD**

The signed cardholder is authorized to operate an evidential breath alcohol analyzer for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator WALKER, MARLON  
Permit No 240431  
Date Issued 12/15/2014 Date Expires 12/15/2016