



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

**RECEIVED** REPORT #6  
 By Carol Day at 2:16 pm, Jul 21, 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 201147	NAME OF AGENCY Hermann Police Department	DATE OF INSPECTION 07/04/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1902 Jefferson Street, Hermann		TIME OF INSPECTION 10:59 am

**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) <u>07/04/15 10:59</u>
<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 <u>49</u> °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 Inc.</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>
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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 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .097	TEST 3 <input checked="" type="checkbox"/> .097
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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)	3	OVER .19	1
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Matthew James Miller</i>	PRINT FULL NAME Matthew James Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 250062 03/04/2017	TELEPHONE NUMBER (573) 486-2211

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2975 James Blvd.  
 Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-0870

**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.*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

HERMANN PD  
BAC DATAMASTER SERIAL NUMBER 201147  
07/04/15  
10:59

--- 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[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

*Madeus Miller*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

HERMANN PD  
BAC DATAMASTER SERIAL NUMBER 201147  
07/04/15

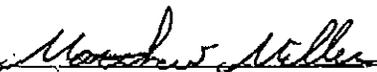
TESTING OFFICER:  
MILLER/MATTHEW/J  
OFFICER I.D.: 504  
PERMIT NUMBER: 250062  
EXPIRATION DATE: 03/04/17  
MISCELLANEOUS DATA:  
JULY MAINTENANCE REPORT

--- SUPERVISOR MORE ---

BLANK TEST	.000	11:07
INTERNAL STANDARD	VERIFIED	11:07
EXTERNAL STANDARD	.097	11:07
BLANK TEST	.000	11:08
EXTERNAL STANDARD	.097	11:08
BLANK TEST	.000	11:09
EXTERNAL STANDARD	.097	11:09
BLANK TEST	.000	11:10

N = 3  
STM. = .1  
AVG. = .097

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

HERMANN PD  
BAC DATA MASTER SERIAL NUMBER 201147  
07/04/15

ARREST TIME: 10:00  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
MILLER/MATTHEW/J  
OFFICER I.D.: 504  
TESTING OFFICER:  
MILLER/MATTHEW/J  
OFFICER I.D.: 504  
PERMIT NUMBER: 250062  
EXPIRATION DATE: 03/04/17  
MISCELLANEOUS DATA:  
RFI TEST, JULY 2015

--- BREATH ANALYSIS ---

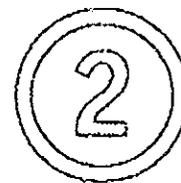
BLANK TEST	.000	11:13
INTERNAL STANDARD	VERIFIED	11:13
RADIO INTERFERENCE		

Operator Signature

*Matthew Miller*



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



PERMIT  
TYPE II

**MATTHEW J MILLER**

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 250062

EXPIRES 3/4/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 685-07.14 (0-15)

LAB-3.46.10

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 MILLER, MATTHEW  
Permit No 250062  
Date issued 3/4/2015 Date Expires 3/4/2017