



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

**DATAMASTER MAINTENANCE REPORT**

REPORT #6

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 in service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**RECEIVED**  
By Carol Day at 8:42 am, Aug 25, 2015

DATAMASTER SN 201200	NAME OF AGENCY Marshfield Police Department	DATE OF INSPECTION 08/14/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 325 S. Crittenden Marshfield, MO 65706		TIME OF INSPECTION 9:35 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) 08/14/2015 @ 09:35
<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 <u>Guth Labs Inc.</u> LOT # <u>14220</u> EXP. DATE <u>09/24/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD3320</u> EXP. DATE <u>08/26/2015</u>

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"/> .098	TEST 3 <input checked="" type="checkbox"/> .099
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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 Jeffrey Ford
TYPE II PERMIT NUMBER/EXPIRATION DATE 240325 08/19/2016	TELEPHONE NUMBER (417) 859-5325

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**



# Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).

Checked: 08/26/2014 Expires: 08/26/2015  
Digital Therm. SN: 094948  
MSC Tech: RW Temp: 33.99 C  
Agency: Marshfield Police Dept  
SD3320



Technician Printed Name: ROBERT WELSH

Technician Signature: *Robert Welsh*

Date: 08/26/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



## 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 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.*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201200  
08/14/15

TESTING OFFICER:

FORD/JEFFREY

OFFICER I.D.: 744

PERMIT NUMBER: 240325

EXPIRATION DATE: 08/19/06

MISCELLANEOUS DATA:

TEST

TEST

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:48
INTERNAL STANDARD	VERIFIED	09:48
EXTERNAL STANDARD	.097	09:48
BLANK TEST	.000	09:49
EXTERNAL STANDARD	.098	09:49
BLANK TEST	.000	09:50
EXTERNAL STANDARD	.099	09:50
BLANK TEST	.000	09:51

N = 3

SIM. = .1

AVG. = .098

Operator Signature

*Jeffrey Ford 744*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201200  
08/14/15  
09:35

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS: 49C

SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&\*()~`-./0123456789:;<=>?@#BCDEFG

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

Operator Signature

*Jeffrey Ford 744*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201200  
08/14/15

ARREST TIME: 09:00  
SUBJECT NAME:  
RFI TEST  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/RFI TEST  
ARRESTING OFFICER:  
FORD/JEFFREY  
OFFICER I.D.: 744  
TESTING OFFICER:  
FORD/JEFFREY  
OFFICER I.D.: 744  
PERMIT NUMBER: 240325  
EXPIRATION DATE: 08/19/16  
MISCELLANEOUS DATA:  
RFI TEST  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 09:55  
INTERNAL STANDARD VERIFIED 09:55  
RADIO INTERFERENCE

Operator Signature *Jeffery Ford 744*



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

2

**PERMIT**  
**TYPE II**  
**JEFFREY FORD**

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 8/19/2014

NUMBER 240325

EXPIRES 8/19/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

**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 **FORD, JEFFREY**  
 Permit No **240325**  
 Date Issued **8/19/2014**    Date Expires **8/19/2016**