



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

REPORT #6

RECEIVED
 By Carol Day at 2:03 pm, Aug 25, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not
 Complete this report whenever the instrument is serviced or repaired and whenever it is p
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|-------------------------|------------------------------------|----------------------------------|
| DATAMASTER SN 201211 | NAME OF AGENCY Bella Villa P.D. | DATE OF INSPECTION 08/12/2015 |
|-------------------------|------------------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 751 Avenue H, Bella Villa, Mo 63125 | TIME OF INSPECTION 4:54 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) <u>08/12/2015, 16:54Hours</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 _____ 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 LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR 2765 EXP. DATE 04/07/2016

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"/> 0.101 | TEST 2 <input checked="" type="checkbox"/> 0.102 | TEST 3 <input checked="" type="checkbox"/> 0.102 |
|--|--|--|

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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 | PRINT FULL NAME Peter Palombo |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240177 04/22/2016 | TELEPHONE NUMBER (314) 638-8840 |

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

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
08/12/15

ARREST TIME: 08:08
SUBJECT NAME:
RADIO TEST
DOB: 11/11/11 SEX: M
STATE D.L. #: MO-1111
ARRESTING OFFICER:
PALOMBO, P
OFFICER I.D. #: 35
TESTING OFFICER:
PALOMBO, P
OFFICER I.D. #: 35
PERMIT NUMBER: 248177
EXPIRATION DATE: 04/30/16
MISCELLANEOUS: 01 01

--- BREATH ANALYSIS ---

NO. OF INTERFERENCES

Operator Signature 

2200-02

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 201211
08/12/15

ARREST TIME: 08:08
SUBJECT NAME:
SOBER TEST
DOB: 11/11/11 SEX: M
STATE D.L. #: MO-1111
ARRESTING OFFICER:
PALOMBO, P
OFFICER I.D. #: 35
TESTING OFFICER:
PALOMBO, P
OFFICER I.D. #: 35
PERMIT NUMBER: 248177
EXPIRATION DATE: 04/30/16
MISCELLANEOUS: 01 01

--- BREATH ANALYSIS ---

| | | |
|-------------------|----|-------|
| BLANK TEST | 01 | 17:06 |
| INTERNAL STANDARD | 01 | 17:06 |
| SUBJECT SAMPLE | 01 | 17:07 |
| BLANK TEST | 01 | 17:11 |

Operator Signature 

2200-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
DAG DATA MASTER SERIAL NUMBER 201211
08/12/15

TESTING OFFICER:
PALUMBO
OFFICE # 111-38
PERMIT NUMBER: 24217
EXPIRATION DATE: 04/28/16
MISCELLANEOUS DATA:

--- ALTERNATOR MODE ---

| | | |
|-------------------|----------|-------|
| PUMP | .000 | 16157 |
| INTERNAL STANDARD | VED 1125 | 16157 |
| EXTERNAL STANDARD | .101 | 16157 |
| BLANK TEST | .000 | 16158 |
| INTERNAL STANDARD | .102 | 16158 |
| BLANK TEST | .000 | 16159 |
| EXTERNAL STANDARD | .102 | 16159 |
| BLANK TEST | .000 | 16160 |

U = 3
SIM. = .1
RMS. = .1016

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
DAG DATA MASTER SERIAL NUMBER 201211
08/12/15
16164

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM 034-07-2009: OKAY
HEATER: OKAY
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARDS: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./:0123456789:;@-?0123456789:
HIJKLMNOPQRSTUVWXYZ0123456789:;
pqrstuvwxyz()*+,-

Operator Signature

2208-02



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 PALOMBO, PETER
Permit No 240177
Date Issued 4/22/2014 Date Expires 4/22/2016



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-864-6470

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 Coriliant 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.