



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

REPORT #6

**RECEIVED**  
 By Carol Day at 11:34 am, Oct 01, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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.

|   |                                 |                                  |
|---|---------------------------------|----------------------------------|
| DATAMASTER SN<br>201256   | NAME OF AGENCY<br>Winfield P.D. | DATE OF INSPECTION<br>09/23/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>51 Harry's Way Winfield, Missouri |                                 | TIME OF INSPECTION<br>3:14 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) 09/23/2015 @ 03:14    |
| <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 °C SIMULATOR SN SD 3000 EXP. DATE 09/08/2016

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 → .099 | TEST 2 → .100 | TEST 3 → .100 |
|---------------|---------------|---------------|

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) | 1 | (.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).

Instrument Operating Within Established Limits.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT FULL NAME<br>M. McCollister  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240304 07/22/2016 | TELEPHONE NUMBER<br>(636) 566-6936 |

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



## GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

### 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 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.*



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

2

**PERMIT**  
**TYPE II**  
**MARC MCCOLLISTER**

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 7/22/2014

NUMBER 240304

EXPIRES 7/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

 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 MCCOLLISTER, MARC  
 Permit No 240304  
 Date Issued 7/22/2014 Date Expires 7/22/2016

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201256  
09/23/15

TESTING OFFICER:

MCDOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 240304  
EXPIRATION DATE: 07/22/16  
MISCELLANEOUS DATA:  
N/A  
N/A

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 03:17 |
| INTERNAL STANDARD | VERIFIED | 03:17 |
| EXTERNAL STANDARD | .099     | 03:17 |
| BLANK TEST        | .000     | 03:18 |
| EXTERNAL STANDARD | .100     | 03:18 |
| BLANK TEST        | .000     | 03:19 |
| EXTERNAL STANDARD | .100     | 03:20 |
| BLANK TEST        | .000     | 03:21 |

N = 3  
SIM. = .1  
AVG. = .0996

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201256  
09/23/15  
03:14

--- 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[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201256  
09/23/15

ARREST TIME: 23:00  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 09/09/69           SEX: M  
STATE/D.L.L.: MO-00000000069  
ARRESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
TESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 240304  
EXPIRATION DATE: 07/22/16  
MISCELLANEOUS DATA:  
RFI TEST  
N/A

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 03:24 |
| INTERNAL STANDARD  | VERIFIED | 03:24 |
| RADIO INTERFERENCE |          |       |

Operator Signature

