



**DATAMASTER MAINTENANCE REPORT**

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 201267	NAME OF AGENCY Winona Police Department	DATE OF INSPECTION 01/08/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Winona Police Department Winona, Mo		TIME OF INSPECTION 10:53 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) 01/08/15 10:53
<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, Inc. LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.00 °C SIMULATOR SN MP2470 EXP. DATE 09/10/2015

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 ← 0.100	TEST 2 ← 0.099	TEST 3 ← 0.099
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME Daniel W. Hinten
TYPE II PERMIT NUMBER/EXPIRATION DATE 240240 05/16/2016	TELEPHONE NUMBER (417) 469-3121

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.**

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 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 2015 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 FN122211-02 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**

**DANIEL W HINTEN**

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, INTOX DMT**

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 5/16/2014

NUMBER 240240

EXPIRES 5/16/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

**,acting director**

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 HINTEN, DANIEL  
Permit No 240240  
Date Issued 5/16/2014 Date Expires 5/16/2016

Face This Side Down—This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MICHIGAN  
MICHIGAN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201207  
10/28/15

OFFICER NAME: [REDACTED]  
SUBJECT NAME:

DOB: [REDACTED] SEX: M

HEIGHT: [REDACTED]  
WEIGHT: [REDACTED]  
HAIR: [REDACTED]

DATE OF BIRTH: [REDACTED]  
ISSUING OFFICE:

OFFICER ID: [REDACTED]  
MICHIGAN POLICE DEPARTMENT  
EVIDENCE NUMBER: [REDACTED]  
MICHIGAN POLICE DEPARTMENT

— MICHIGAN POLICE DEPARTMENT —

SEARCHED: [REDACTED] INDEXED: [REDACTED]  
SERIALIZED: [REDACTED] FILED: [REDACTED]  
MICHIGAN POLICE DEPARTMENT

Operator Signature

2208-02

Face This Side Down—This Edge In First

**BAC DataMaster**  
Evidence Ticket

STATE OF MICHIGAN  
MICHIGAN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201207  
10/28/15

OFFICER NAME: [REDACTED]  
SUBJECT NAME:

DOB: [REDACTED] SEX: M

HEIGHT: [REDACTED]  
WEIGHT: [REDACTED]  
HAIR: [REDACTED]

DATE OF BIRTH: [REDACTED]  
ISSUING OFFICE:

— MICHIGAN POLICE DEPARTMENT —

ALCOHOL TEST	0.05	0.05
PRELIMINARY SCREENING	0.05	0.05
FINAL BAC CONCENTRATION	0.05	0.05
TESTED BY	[REDACTED]	[REDACTED]
TESTED ON	[REDACTED]	[REDACTED]
TESTED AT	[REDACTED]	[REDACTED]
TESTED BY	[REDACTED]	[REDACTED]
TESTED ON	[REDACTED]	[REDACTED]
TESTED AT	[REDACTED]	[REDACTED]

SEARCHED: [REDACTED] INDEXED: [REDACTED]  
SERIALIZED: [REDACTED] FILED: [REDACTED]  
MICHIGAN POLICE DEPARTMENT

Operator Signature

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WINONA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201267

01/08/15

10:53

--- 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:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature

