



**RECEIVED**

By Ellen Strawsine at 4:04 pm, Dec 22, 2015

**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 201280	NAME OF AGENCY Lake Ozark Police Department	DATE OF INSPECTION 12/17/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 3162 Bagnell Dam Boulevard, Lake Ozark		TIME OF INSPECTION 0:19 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) 12/17/15 00:19
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49.0 °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 Guth Laboratories LOT # 15220 EXP. DATE 09/28/2017
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2241 EXP. DATE 07/13/2016

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 0.095	TEST 2 0.097	TEST 3 0.098
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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)	6	(.05-.09)	0	(.10-.14)	1	(.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 Brian N. Jarrett
TYPE II PERMIT NUMBER/EXPIRATION DATE 240393 11/13/2016	TELEPHONE NUMBER (573) 365-5371

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 **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 2017** 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.*

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
LAKE OSARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201290  
12/17/15

TESTING OFFICER:

JARRETT/BRIAN/M

OFFICER I.D.: 702

PERMIT NUMBER: 240090

EXPIRATION DATE: 11/13/16

MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST	.000	00:30
INTERNAL STANDARD	VERIFIED	00:30
EXTERNAL STANDARD	.095	00:30
BLANK TEST	.000	00:31
EXTERNAL STANDARD	.097	00:31
BLANK TEST	.000	00:32
EXTERNAL STANDARD	.098	00:32
BLANK TEST	.000	00:33

N = 3

SIM. = .1

AVG. = .0956

Operator Signature

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
LAKE OSARK POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201290  
12/17/15

00:19

---- 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:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~\*

Operator Signature

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSISSIPPI

LABORATORY DEPARTMENT

LABORATORY SERIAL NUMBER 1017710

ANALYST NAME

SUBJECT NAME

INSTRUMENT

LAB. NUMBER

STATE LAB. NUMBER

PREPARING OFFICER

OFFICER ID #

TESTING OFFICER

OFFICE NUMBER

OFFICE ADDRESS

PHONE NUMBER

EXPERIMENTAL NUMBER

INSTRUMENT TYPE

LABORATORY NAME

LABORATORY

LABORATORY

LABORATORY

LABORATORY

LABORATORY

Operator Signature



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

2

**PERMIT  
 TYPE II**

**BRIAN N JARRETT**

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 11/13/2014

NUMBER 240393

EXPIRES 11/13/2016

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 JARRETT, BRIAN  
 Permit No 240393  
 Date Issued 11/13/2014 Date Expires 11/13/2016