



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

**RECEIVED** REPORT #6  
 By Carol Day at 11:57 am, Mar 16, 2015

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 <u>203005</u>	NAME OF AGENCY <u>Edmundson P.D.</u>	DATE OF INSPECTION <u>3/9/15</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>4136 Holman Ln. Edmundson, Mo. 63134</u>		TIME OF INSPECTION <u>1815 hrs</u>

**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>3/9/15 1930hrs</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 <u>50</u> °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>Euth</u>	LOT # <u>13290</u> EXP. DATE <u>10/29/15</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C	SIMULATOR SN <u>SD2737</u> EXP. DATE <u>7/15/15</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 * <u>.097%</u>	TEST 2 * <u>.097%</u>	TEST 3 * <u>.098%</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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 <u>Sgt. Daniel R. Patrick</u>	PRINT FULL NAME <u>Sgt. Daniel R. Patrick</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>246640 2/24/16</u>	TELEPHONE NUMBER <u>314-428-4577</u>

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: 717-664-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2015** 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 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.*

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 283885  
03/09/15

TESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 28  
PERMIT NUMBER: 240040  
EXPIRATION DATE: 02/24/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:44
INTERNAL STANDARD	VERIFIED	19:44
EXTERNAL STANDARD	.097	19:45
BLANK TEST	.000	19:46
EXTERNAL STANDARD	.097	19:46
BLANK TEST	.000	19:47
EXTERNAL STANDARD	.098	19:47
BLANK TEST	.000	19:48

I = 3  
MIN. = .1  
AVG. = .0973

OPERATOR SIGNATURE



No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 283885  
03/09/15

ARREST TIME: 18:15  
SUBJECT NAME:  
DOB/JOHN  
DOB: 01/01/82 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 28  
TESTING OFFICER:  
PATRICK/DANIEL  
OFFICER I.D.: 28  
PERMIT NUMBER: 240040  
EXPIRATION DATE: 02/24/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:36
INTERNAL STANDARD	VERIFIED	19:36
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 203005  
03/09/15  
19:30

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (01-07-1989):	OKAY
HEATERS	
SAMPLE CHAMBER:	50c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~`

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901



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

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**PERMIT  
 TYPE II**

**DANEIL R PATRICK**

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 2/24/2014

NUMBER 240040

EXPIRES 2/24/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES