

RECEIVED

By Brian Lutmer at 2:26 pm, Jan 27, 2015



BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #

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 204141	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 01-22-15
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W. MAIN, WARRENTON, MO 63383		TIME OF INSPECTION 2142

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) 01-22-15 2144
<input checked="" type="checkbox"/> COMPUTER	<input 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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC LOT # 13280 EXP. DATE 10-16-15
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.01 °C SIMULATOR SN MP2481 EXP. DATE 09/09/2015

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)

<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 = .102	TEST 2 = .100	TEST 3 = .100
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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) 1	(.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 CPL. JEFFREY SCOTT GRAUE
TYPE II PERMIT NUMBER EXPIRATION DATE 240052 03/07/2016	TELEPHONE NUMBER (636) 300-2800

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

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

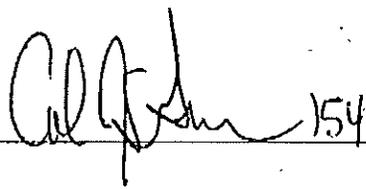
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204141
01/22/15
21:44

--- 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
MAINTENANCE:	OKAY

PRINTER TEST

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

Operator Signature  154

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
 201 TELETYPE SERIAL NUMBER 80-141
 8/28/76

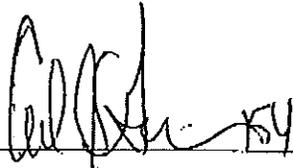
TESTING OFFICER:
 OPERATOR:
 OFFICER I.D. #: 154
 PERMIT NUMBER: 240052
 EXPIRATION DATE: 80/07/76
 MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLIND TEST	.000	21:47
EXTENDED STANDARD	VERIFIED	21:47
EXTENDED STANDARD	.100	21:47
BLIND TEST	.000	21:48
EXTENDED STANDARD	.100	21:49
BLIND TEST	.000	21:49
EXTENDED STANDARD	.100	21:50
BLIND TEST	.000	21:51

 OPER. # _____

 FMS. # 11001


 Operator Signature _____

STATE OF MICHIGAN
Evidence Ticket

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
MICHIGAN STATE PRISON

INVESTIGATOR: [Name]
DATE: [Date]
TIME: [Time]
LOCATION: [Location]
OFFICER: [Name]
OFFICER: [Name]
OFFICER: [Name]
OFFICER: [Name]
OFFICER: [Name]
OFFICER: [Name]
OFFICER: [Name]

RECEIVED BY: [Name]
DATE: [Date]
TIME: [Time]
LOCATION: [Location]
OFFICER: [Name]



Operator Signature [Signature] 154



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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

2

**PERMIT
TYPE II**

JEFFREY S GRAUE

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 308.111 through 308.119 RSMo.

DATE 3/7/2014

NUMBER 240052

EXPIRES 3/7/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

10 690-0771 (6-10)

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 **GRAUE, JEFFREY**
Permit No **240052**
Date Issued **3/7/2014** Date Expires **3/7/2016**