



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

**RECEIVED**  
 By Carol Day at 9:34 am, Jan 05, 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 204149	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/02/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Miller County Jail, Highway 52, Tuscumbia		TIME OF INSPECTION 1:19 pm

**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) 01/01/15 11:55
<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 50 °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 LOT # 13280 EXP. DATE 10/16/2015	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN MP2315 EXP. DATE 07/30/2015	
<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 ← .101	TEST 2 ← .101	TEST 3 ← .101
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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)	2	(.15-.19)	2	OVER .19	1
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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).

Instrument is functioning within MO DHSS standards.

**INSPECTING OFFICER**

SIGNATURE <i>S. D. Bledsoe</i>	PRINT FULL NAME Shannon D. Bledsoe
TYPE II PERMIT NUMBER/EXPIRATION DATE 230321 12/23/2015	TELEPHONE NUMBER (573) 751-1000

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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 884149  
01/22/88  
13:18

--- DIAGNOSTIC CHECK ---

COMPUTER: OK Y  
PROGRAM (84-87-88890): OK Y  
HEATERS  
SAMPLE CHAMBER: OK Y  
FLOW DETECTOR: OK Y  
PUMP  
HIGH SPEED: OK Y  
DETECTOR: OK Y  
FILTERS: OK Y  
QUARTZ STANDARD: OK Y  
CALIBRATION: OK Y

PRINTER TEST

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

Operator Signature S. D. Bledsoe 661

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 884149  
01/22/88

TESTING OFFICER  
BLEDSOE/SHERMAN  
OFFICER I.D.# 881  
PERMIT NUMBER 1-4021  
EXPIRATION DATE 1-1-88  
MISCELLANEOUS NOTES

--- SIA PAPER MODE ---

BLANK TEST 1.000 0.00  
INTERNAL STANDARD 1.000 0.00  
EXTERNAL STANDARD 1.000 0.00  
BLANK TEST 1.000 0.00  
EXTERNAL STANDARD 1.000 0.00  
BLANK TEST 1.000 0.00  
EXTERNAL STANDARD 1.000 0.00  
BLANK TEST 1.000 0.00

N = 3  
SIM. = .1  
AVG. = 1.001

Operator Signature S. D. Bledsoe 661

Face This Side Down - This Edge In First

**BAC Data Master  
Evidence Ticket**

MISSOURI STATE HIGHWAY CONTROL  
BAC DATAMASTER SERIAL NUMBER 20-149  
81/827

ARREST TIME: 13:00  
SUBJECT NAME:  
RFI-CHECK  
DOB: 11/11/41 SEX: M  
STATE/D.L.: MO/VA  
ARRESTING OFFICER:  
N/A  
OFFICER I.D.: N/A  
TESTING OFFICER:  
BLAISDE/SIMPSON  
OFFICER I.D.: 661  
PERMIT NUMBER: 230321  
EXPIRATION DATE: 12/30/83  
MISCELLANEOUS DATA:

--- BREATH BY YSIS ---

BLANK TEST	.000	13:00
INTERNAL STANDARD	VERIFIED	13:00
RADIO INTERFERENCE		

Operator Signature S.D. Blaisde 661



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



**PERMIT  
TYPE II**

**SHANNON BLEDSOE**

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 12/23/2013

NUMBER 230321

EXPIRES 12/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

**acting director**

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 BLEDSON, SHANNON  
Permit No 230321  
Date Issued 12/23/2013 Date Expires 12/23/2015