



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

**RECEIVED**  
 By Carol Day at 8:44 am, May 12, 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 940230	NAME OF AGENCY Canton Police Department	DATE OF INSPECTION 05/05/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 108 North Fifth Street, Canton		TIME OF INSPECTION 5:43 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) <u>05/05/15 17:43</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>48</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>Guth Laboratories Inc</u> LOT # <u>14110</u> EXP. DATE <u>05/01/2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>32</u> °C SIMULATOR SN <u>SD 2310</u> EXP. DATE <u>04/16/2016</u>

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 <u>.101</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</u>
--------------------	--------------------	--------------------

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
----------	---	----------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Datamaster 940230 complies with the Department of Health and Senior Services rules and regulations.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Don L Cibert
TYPE II PERMIT NUMBER/EXPIRATION DATE 240364 10/17/2016	TELEPHONE NUMBER (573) 655-4099

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: 717-564-6470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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.*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
CANTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940200  
05/05/15  
17140

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2003):	OKAY
HEATERS:	
SAMPLE CHAMBER:	48c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ \* \*

Operator Signature \_\_\_\_\_

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
CANTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940230  
05/05/15

TESTING OFFICER:  
CIBERT/DON/L  
OFFICER I.D.: 112  
PERMIT NUMBER: 240364  
EXPIRATION DATE: 10/17/16  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

---- SUPERVISOR MODE ----

BLANK TEST	.000	17:46
INTERNAL STANDARD	VERIFIED	17:46
EXTERNAL STANDARD	.101	17:47
BLANK TEST	.000	17:47
EXTERNAL STANDARD	.100	17:48
BLANK TEST	.000	17:49
EXTERNAL STANDARD	.100	17:49
BLANK TEST	.000	17:50

N = 3  
SIM. = .1  
AVG. = .1003

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  
CANTON POLICE DEPARTMENT

BAC DATAMASTER, SERIAL NUMBER 940290  
05/03/15

ARREST TIME: 17:30  
SUBJECT NAME:  
RFI/TEST  
DOB: 11/11/11 SEX: M  
STATE/D.L.: MO/1111111111  
ARRESTING OFFICER:  
N/A  
OFFICER I.D.: N/A  
TESTING OFFICER:  
CIBERT/DON/L  
OFFICER I.D.: 112  
PERMIT NUMBER: 240064  
EXPIRATION DATE: 10/17/16  
MISCELLANEOUS DATA:  
RFI TEST  
MONTHLY MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST .000 17:55  
INTERNAL STANDARD VERIFIED 17:55  
RADIO INTERFERENCE

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



PERMIT  
TYPE II

DON L CIBERT

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 606.111 through 606.119 RSMo.

DATE 10/17/2014

NUMBER 240364

EXPIRES 10/17/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES