



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

RECEIVED REPORT #
 By Carol Day at 11:20 am, Jun 24, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not
 Complete this report whenever the instrument is serviced or repaired and whenever it is p
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 940258	NAME OF AGENCY TROY POLICE DEPARTMENT	DATE OF INSPECTION 06/21/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 800 Cap-Au-Coris TROY		TIME OF INSPECTION 1926 Hours 19:26

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) 06/21/2015
<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 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 LOT # 14220 EXP. DATE 09/24/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2505 EXP. DATE 02/09/2016

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 .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-.04)	(.05-.09)	(.10-.14)	(.15-.19) 2	OVER .19 3
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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 BERNICE CLAYTON
TYPE II PERM NUMBER/EXPIRATION DATE 250107 05/14/2017	TELEPHONE NUMBER (636) 528-4725

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



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

2

**PERMIT
TYPE II**

BERNIE CLAYTON

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 5/14/2015

NUMBER 250107

EXPIRES 5/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 CLAYTON, BERNIE
Permit No 250107
Date Issued 5/14/2015 Date Expires 5/14/2017



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 **14220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 25, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 24, 2016** 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 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.

Face This Side Down - This Edge In First



STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940250
06/21/15

TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 250107
EXPIRATION DATE: 05/14/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:29
INTERNAL STANDARD	VERIFIED	19:29
EXTERNAL STANDARD	.101	19:30
BLANK TEST	.000	19:31
EXTERNAL STANDARD	.101	19:31
BLANK TEST	.000	19:32
EXTERNAL STANDARD	.101	19:32
BLANK TEST	.000	19:33

N = 3
SIM. = .1
AVG. = .101

Operator Signature

Face This Side Down - This Edge In First



STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940250
06/21/15
19:26

--- 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:;<=>?@ABCDEFGHIJ
 KLMNOPQRSTUVWXYZ[\]^_`abcde fghijklmno
 pqrstuvwxyz()**

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Tracker

STATE OF MISSOURI
BAC INSTRUMENT SERIAL NUMBER 940255
06/21/15

ARREST TIME: 19:00
SUBJECT NAME:

TEST

DOB: 01/01/01

SEX: M

STATE/D.L.: MO/12345678990

ARRESTING OFFICER:

CLAYTON/BERNIE

OFFICER I.D.: 131

TESTING OFFICER:

CLAYTON/BERNIE

OFFICER I.D.: 131

PERMIT NUMBER: 250107

EXPIRATION DATE: 05/14/17

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:42
INTERNAL STANDARD	VERIFIED	19:42
SUBJECT SAMPLE	.000	19:42
BLANK TEST	.000	19:43

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Tracker

STATE OF MISSOURI
BAC INSTRUMENT SERIAL NUMBER 940255
06/21/15

ARREST TIME: 19:00
SUBJECT NAME:

RFI/TEST

DOB: 01/01/01

SEX: M

STATE/D.L.: MO/12345678990

ARRESTING OFFICER:

CLAYTON/BERNIE

OFFICER I.D.: 131

TESTING OFFICER:

CLAYTON/BERNIE

OFFICER I.D.: 131

PERMIT NUMBER: 250107

EXPIRATION DATE: 05/14/17

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:37
INTERNAL STANDARD	VERIFIED	19:37
RADIO INTERFERENCE		

Operator Signature

2208-02