



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

**RECEIVED** REPORT #6  
 check (not to exceed 35 days)  
 By Carol Day at 7:54 am, Jul 28, 2015  
 DHSS

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 the instrument is repaired.  
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <b>950135</b>	NAME OF AGENCY <b>RICHLAND POLICE DEPT.</b>	DATE OF INSPECTION <b>7-17-15</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>201 SCHENK ST. RICHLAND MO 65550</b>		TIME OF INSPECTION <b>23:25</b>

**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) <b>7-17-15 23:25</b>
<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 <b>50</b> °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 <b>GUTH LABORATORIES</b> LOT # <b>14200</b> EXP. DATE <b>08/05/16</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C SIMULATOR SN <b>DR6931</b> EXP. DATE <b>07/13/16</b>

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 <b>0.100</b>	TEST 2 <b>0.100</b>	TEST 3 <b>0.100</b>
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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 <b>0</b>	(0-.04) <b>1</b>	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
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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).  
**THIS UNIT IS OPERATING WITHIN MO DEPT OF HEALTH RULES AND REG.**

<b>INSPECTING OFFICER:</b>	
SIGNATURE <b>David Moser</b>	PRINT FULL NAME <b>David Moser</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>250012 1/14/17</b>	TELEPHONE NUMBER <b>573 765 4144</b>

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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 EN122211-02 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  
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135  
07/17/15

TESTING OFFICER:  
MOSEY/DAVID  
OFFICER I.D. # 486  
PERMIT NUMBER: 250012  
EXPIRATION DATE: 01/14/17  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:28
INTERNAL STANDARD	VERIFIED	23:28
EXTERNAL STANDARD	.100	23:29
BLANK TEST	.000	23:29
EXTERNAL STANDARD	.100	23:30
BLANK TEST	.000	23:30
EXTERNAL STANDARD	.100	23:31
BLANK TEST	.000	23:31

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

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
RICHLAND POLICE DEPARTMENT

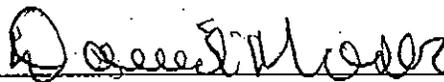
BAC DATAMASTER SERIAL NUMBER 958135  
07/17/15

ARREST TIME: 23:18  
SUBJECT NAME:  
BLACK/RDB/K  
DOB: 09/08/45 SEX: M  
STATE/D.L.: MO/R675492187  
ARRESTING OFFICER:  
MOSE/DAVID  
OFFICER I.D.: 486  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 486  
PERMIT NUMBER: 250812  
EXPIRATION DATE: 01/14/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.500	23:35
INTERNAL STANDARD	VERIFIED	23:35
RADIO INTERFERENCE		

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135  
07/17/15  
23:25

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	58c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~*
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Operator Signature





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



**PERMIT**  
**TYPE II**

**DAVID L MOSER**

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 1/14/2015

NUMBER 250012

EXPIRES 1/14/2017

MO-593-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (8-10)

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 MOSER, DAVID  
Permit No 250012  
Date Issued 1/14/2015 Date Expires 1/14/2017