



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

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to be used for repair). 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.

**RECEIVED**  
 By Brian Lutmer at 1:06 pm, Oct 14, 2015

DATAMASTER SN <b>950223</b>	NAME OF AGENCY <b>DIAMOND Police Department</b>	DATE OF INSPECTION <b>10-06-2015</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>100 N. WASHINGTON STREET DIAMOND, MO.</b>		TIME OF INSPECTION <b>21:01</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>10-06-15 @ 21:01</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>48</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 LABS</b>	LOT # <b>14110</b> EXP. DATE <b>05-01-2016</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C	SIMULATOR SN <b>SD1918</b> EXP. DATE <b>08-11-2009</b>
<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 = <b>.099</b>	TEST 2 = <b>.099</b>	TEST 3 = <b>.101</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 <input checked="" type="checkbox"/>	(0-.04) <input checked="" type="checkbox"/>	(.05-.09) <input checked="" type="checkbox"/>	(.10-.14) <input checked="" type="checkbox"/>	(.15-.19) <input checked="" type="checkbox"/>	OVER .19 <input checked="" type="checkbox"/>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>Keith Baumfield</b>	PRINT FULL NAME <b>Keith Baumfield</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>250046 02-20-2017</b>	TELEPHONE NUMBER <b>417-499-1495</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: 717-564-5470

### 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.*



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

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**PERMIT  
TYPE II**

**KEITH J BRUMFIELD**

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 2/20/2015

NUMBER 250046

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 BRUMFIELD, KEITH  
Permit No 250046  
Date Issued 2/20/2015 Date Expires 2/20/2017

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950223  
10/06/15

TESTING OFFICER:  
BRUNFIELD/KEITH/J  
OFFICER I.D.: 87  
PERMIT NUMBER: 250046  
EXPIRATION DATE: 02/20/17  
MISCELLANEOUS DATA:

--- SUPERVISOR NOTE ---

BLANK TEST	.000	21:07
INTERNAL STANDARD	VERIFIED	21:07
EXTERNAL STANDARD	.000	21:07
BLANK TEST	.000	21:08
EXTERNAL STANDARD	.000	21:08
BLANK TEST	.000	21:09
EXTERNAL STANDARD	.101	21:10
BLANK TEST	.000	21:10

N = 3  
SIM. = .1  
AVG. = .0996

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950223  
10/06/15  
21:01

--- 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[\]^\_`abcdefg h i j k l m n o  
p q r s t u v w x y z { | } ~ \*

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 250223  
10-06-15

ARREST TIME: 20:15  
SUBJECT NAME:  
R/F/ITEST  
DOB: 09/07/72 SEX: M  
STATE/D.L.: MO/1234567  
ARRESTING OFFICER:  
BAUMFIELD, KEITH/J  
OFFICER I.D.: 87  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 87  
PERMIT NUMBER: 250046  
EXPIRATION DATE: 02/26/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:25
INTERNAL STANDARD	VERIFIED	21:25
RADIO INTERFERENCE		

Operator Signature

