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By Carol Day at 6:07 am, Feb 13, 2015



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

REPORT #

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: 980131 NAME OF AGENCY: MARTHASVILLE Police Dept DATE OF INSPECTION: 02-10-2015

LOCATION OF INSTRUMENT (STREET AND CITY): 402 E. MAIN, MARTHASVILLE, MO. 63357 TIME OF INSPECTION: 1030 hrs

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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 2-10-15 / 1052 hr

COMPUTER DETECTOR

PROGRAM FILTERS

HEATERS SAMPLE CHAMBER 49 °C QUARTZ STANDARD

FLOW DETECTOR CALIBRATION

PUMP HIGH SPEED PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH'S LABS LOT # 14200 EXP. DATE 8-5-16

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2295 EXP. DATE 02-18-15

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 0.078% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → .099 TEST 2 → .099 TEST 3 → .099

PERFORM R.F.I. TEST (PRINTOUT ATTACHED) RADIO INTERFERENCE

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS (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).

Instrument Tested And Certified within DHSS STANDARDS.

INSPECTING OFFICER

SIGNATURE: E. Ray House PRINT FULL NAME: EMMANUEL R. HOUSE

TYPE II PERMIT NUMBER/EXPIRATION DATE: 240326 - 08-11-16 TELEPHONE NUMBER: 636.433.2328

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.

BOTTLE # 324

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
EMMANUEL R HOUSE

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 8/19/2014

NUMBER 240326

EXPIRES 8/19/2016

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 HOUSE, EMMANUEL
 Permit No 240326
 Date Issued 8/19/2014 Date Expires 8/19/2016

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131
02/10/15

TESTING OFFICER:
HOUSE/RAY
OFFICER I.D.: 302
PERMIT NUMBER: 240326
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:55
INTERNAL STANDARD	VERIFIED	10:55
EXTERNAL STANDARD	.099	10:56
BLANK TEST	.000	10:57
EXTERNAL STANDARD	.099	10:57
BLANK TEST	.000	10:58
EXTERNAL STANDARD	.099	10:58
BLANK TEST	.000	10:59

N = 3
SIM. = .1
AVG. = .099

Operator Signature

E. Ray House 302

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 980131
02/10/15
10:52

--- 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[\]^_`abcdefgshijklmno
pqrstuvwxyz{|}~*

Operator Signature

E. Ray House 302

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
MARTHASVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 988131
02/10/15

ARREST TIME: 10:30
SUBJECT NAME:
RADIO/FREQ/TEST
DOB: 11/11/77 SEX: M
STATE/D.L.: MO/123456799
ARRESTING OFFICER:
HOUSE/RAY
OFFICER I.D.: 302
TESTING OFFICER:
HOUSE/RAY
OFFICER I.D.: 302
PERMIT NUMBER: 240326
EXPIRATION DATE: 08/19/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:02
INTERNAL STANDARD	VERIFIED	11:02
RADIO INTERFERENCE		

Operator Signature

E. R. House 302