



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

**RECEIVED**  
By Carol Day at 10:00 am, Mar 01, 2016

**DATAMASTER MAINTENANCE REPORT**

REPORT #6

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 200059	NAME OF AGENCY Directorate of Emergency Services	DATE OF INSPECTION 02/29/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Bldg 1000, Fort Leonard Wood		TIME OF INSPECTION 0636

**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) 02/29/16 0636
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER GUTH LABS INC LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5376 EXP. DATE 09/10/2016

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 1 098	TEST 2 098	TEST 3 098
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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 1	(0-.04) 2	(.05-.09) 5	(.10-.14) 1	(.15-.19) 1	OVER .19 0
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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).

TESTED AND CERTIFIED AS WITHIN GUIDELINES ESTABLISHED BY DHSS.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME ROBERT ISHMAEL
TYPE II PERMIT NUMBER/EXPIRATION DATE 260085 02/22/2018	TELEPHONE NUMBER (573) 596-1074

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

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

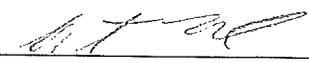
BAC DATAMASTER SERIAL NUMBER 200053  
02/29/16  
06:36

--- 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[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~\*"

Operator Signature 

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 2007 39  
02/29/16

TESTING OFFICER:  
ISHRAEL ROBERT  
OFFICER I.D. #: 18740  
PERMIT NUMBER: 260085  
EXPIRATION DATE: 02/22/18  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	06:42
INTERNAL STANDARD	VERIFIED	06:42
EXTERNAL STANDARD	.098	06:43
BLANK TEST	.000	06:44
EXTERNAL STANDARD	.098	06:44
BLANK TEST	.000	06:45
EXTERNAL STANDARD	.098	06:45
BLANK TEST	.000	06:46

N = 3  
STN. = .1  
AVG. = .098

Operator Signature 

face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

FORT LEONARD WOOD  
DIRECTORATE OF EMERGENCY SERVICES

BAC DATAMASTER SERIAL NUMBER 200059  
02/29/16

ARREST TIME: 01:00

SUBJECT NAME:

NA

DOB: 01/01/01 SEX: M

STATE/D.L.: NA/NA

ARRESTING OFFICER:

NA

OFFICER I.D.: AM

TESTING OFFICER:

ISHAREL/ROBERT

OFFICER I.D.: 18749

PERMIT NUMBER: 260005

EXPIRATION DATE: 02/22/18

MISCELLANEOUS DATA:

RFI/TEST

--- BREATH ANALYSIS ---

BLANK TEST

0.000

06:54

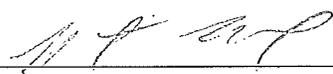
INTERNAL STANDARD

VERIFIED

06:54

RADIO INTERFERENCE

Operator Signature



2208-02



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

2

**PERMIT  
 TYPE II**

**ROBERT ISHMAEL**

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 2/22/2016

NUMBER 260085

EXPIRES 2/22/2018

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 ISHMAEL, ROBERT  
 Permit No 260085  
 Date Issued 2/22/2016 Date Expires 2/22/2018



# GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-9470

## 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 SAN: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 at 1:159 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 Certified 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.*