



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

**RECEIVED**

By Carol Day at 7:58 am, Mar 07, 2016

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 201222	NAME OF AGENCY Dixon Police Department	DATE OF INSPECTION 03/05/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 S Elm Dixon, MO 65459		TIME OF INSPECTION 6:23 am

**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) <u>03/05/2016 06:17</u>
<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 <u>Guth Laboratories Inc</u>	LOT # <u>16040</u> EXP. DATE <u>01/20/2018</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C	SIMULATOR SN <u>SD2279</u> EXP. DATE <u>12/01/2016</u>

**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 ➡ .099	TEST 3 ➡ .099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME John P Meir
TYPE II PERMIT NUMBER/EXPIRATION DATE 250303 12/22/2017	TELEPHONE NUMBER (573) 586-0101

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

MODEL NO. 20000001

DATA TRANSFER SERIAL NUMBER: 201722  
23-05-16

TESTING OFFICER:

NEIR/JOHN

OFFICER I.D. NO. 380

PERMIT NUMBER: 278334

EXPIRATION DATE: 12/30/17

MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	100%	0.000
INTERNAL STANDARD	0.000	0.000
EXTERNAL STANDARD	0.000	0.000
BLANK TEST	100%	0.000
EXTERNAL STANDARD	0.000	0.000
BLANK TEST	100%	0.000
EXTERNAL STANDARD	0.000	0.000
BLANK TEST	100%	0.000

1 - A  
DIL. = 1:1  
VAL. = 1.000

Signature

303

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MODEL NO. 20000001

BAC DATA MASTER SERIAL NUMBER: 201722  
23-05-16  
Page 7

--- SUPERVISOR NAME ---

COMPUTER:	100%
PROGRAM (BAC-M) SUPPORT:	100%
HEATERS:	100%
SAMPLE NUMBER:	400
FLUX DETECTOR:	OKAY
PUMP:	100%
HIGH SPEED:	100%
DETECTOR:	OKAY
FILTER:	OKAY
QUARTZ STANDARD:	100%
CALIBRATION:	100%

100% 100% 100% 100% 100% 100% 100% 100% 100% 100%

Operator Signature

303

2208-0

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
INTERMETER SERIAL NUMBER 201222  
83/05/10

ANALYST: [Faint text]  
LABORATORY: [Faint text]  
CASE NO.: [Faint text]  
SUBSTRATE: [Faint text]  
ANALYST: [Faint text]  
OFFICE: [Faint text]  
TESTING OFFICE: [Faint text]  
METHODS: [Faint text]  
OFFICER: [Faint text]  
PROPERTY NUMBER: [Faint text]  
EXPIRATION DATE: [Faint text]  
MISCELLANEOUS: [Faint text]

BLANK TEST [ ]  
INTERNAL STANDARD [ ]  
RANDOM BAC CONTROL [ ]

Operator Signature



303



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

2

**PERMIT  
 TYPE II**

**JOHN P MEIR**

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 EC/IR II, ALCO-SENSOR IV W/PRINTER**

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 12/22/2015

NUMBER 250303

EXPIRES 12/22/2017

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 MEIR, JOHN  
 Permit No 250303  
 Date Issued 12/22/2015 Date Expires 12/22/2017



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: DIXON PD  
 Serial Number: SD2279  
 Manufacturer: Guth  
 Model Number: 10-4D

**CALIBRATION RESULTS**

<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>
33.98	34.0

This calibration was performed with  
 NIST-Traceable Thermometer SN: 358440

This simulator was tested by: RWW

This testing was performed: 12/11/2015

This certification expires: 12/11/2016

Signature of certifying DHSS  
 Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine

# MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



Date: 12/11/15	Time: 1100	Date Last Checked: 12/3/14	Agency: <u>DIXON PD</u>
Simulator Model:	<input type="checkbox"/> 2100 <input checked="" type="checkbox"/> 10-4D <input type="checkbox"/> 12V500	Simulator Serial #:	<u>SD 2279</u>
Thermometer serial #:	<u>358440</u>	Email address:	<u>MEIR, JOHN@GMAIL.COM</u>
Thermometer certification date:	<u>09/08/15</u>	Agency property #:	<input checked="" type="checkbox"/> none
Thermometer expiration date:	<u>09/08/16</u>	Thermometer reading	Simulator reading
1 <sup>st</sup> check time:	<u>1140</u>	<u>33.98</u>	<u>34.0</u>
2 <sup>nd</sup> check time:	<u>1142</u>	<u>33.97</u>	<u>34.0</u>
3 <sup>rd</sup> check time:	<u>1144</u>	<u>33.98</u>	<u>34.0</u>
4 <sup>th</sup> check time:	<u>1146</u>	<u>33.99</u>	<u>34.0</u>
5 <sup>th</sup> check time:	<u>1148</u>	<u>33.98</u>	<u>34.0</u>
Average readings:		<u>33.98</u>	<u>34.0</u>
Bias calculation:		<u>-0.02</u>	
TECHNICIAN INITIALS: <u>RWN</u>			

This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.

- Check "o" rings on quick-disconnects and replace as needed.
- Check simulator "o" ring and replace as needed.
- Check jar for breaks/cracks and replace as needed.

COMMENTS:



This simulator is operating within DHSS breath alcohol specifications (11-CMR 21-50.014).

**SIMULATOR SERIAL NO.:** SD2279  
**EXPIRATION DATE:** 12/01/2016  
**DATE OF CALIBRATION CHECK:** 12/11/2015  
**NIST REF. THEM. SERIAL NO.:** 0386440  
**AVERAGE SIM. TEMP.:** 33.98 C  
**ANALYST INITIALS:** RWW

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## 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 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2016, 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 January 20, 2018 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 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.*