



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

**RECEIVED**  
By Ellen Strawsine at 10:43 am, Jan 07, 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 201240	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/05/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Piedmont Police Department, 116 West Green Street, Piedmont, MO, 63957		TIME OF INSPECTION 10:41 pm

**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>01/05/2016 - 22:41</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>15120</u> EXP. DATE <u>04/29/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>MP2210</u> EXP. DATE <u>08/31/2016</u>	
<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 ➔ .103%	TEST 2 ➔ .104%	TEST 3 ➔ .104%
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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)	5	(.05-.09)	0	(.10-.14)	0	(.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).

Operating within DHSS specifications.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Trooper John J. West
TYPE II PERMIT NUMBER/EXPIRATION DATE 240079 - 03/07/2016	TELEPHONE NUMBER (573) 840-9500

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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
01/05/16

TESTING OFFICER:  
WEST/JOHN/J

OFFICER I.D.: 1145

PERMIT NUMBER: 240079

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

---- SUPERVISOR MODE ----

BLANK TEST	.000	22:43
INTERNAL STANDARD	VERIFIED	22:43
EXTERNAL STANDARD	.103	22:44
BLANK TEST	.000	22:44
EXTERNAL STANDARD	.104	22:45
BLANK TEST	.000	22:45
EXTERNAL STANDARD	.104	22:46
BLANK TEST	.000	22:46

N = 3  
SIM. = .1  
AVG. = .1036



Operator Signature

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201240  
01/05/16  
22:41

---- 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[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~



Operator Signature

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
PIEDMONT POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261240  
01/05/16

ARREST TIME: 22:00

SUBJECT NAME:  
TEST

DOB: 10/10/90 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:  
WEST/JOHN/J

OFFICER I.D.: 1145

TESTING OFFICER:  
WEST/JOHN/J

OFFICER I.D.: 1145

PERMIT NUMBER: 240079

EXPIRATION DATE: 03/07/16

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	22:49
INTERNAL STANDARD	VERIFIED	22:49
RADIO INTERFERENCE		

Operator Signature \_\_\_\_\_

