



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

**RECEIVED**

By Carol Day at 1:28 pm, Jun 14, 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 <b>201292</b>	NAME OF AGENCY <b>OWENSVILLE POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>06-01-2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>109 NORTH SECOND STREET OWENSVILLE</b>		TIME OF INSPECTION <b>2205</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>06/01/16 22:05</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>49</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 LABORATORIES, INC.</b> LOT # <b>16040</b> EXP. DATE <b>01-20-2018</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD 2300</b> EXP. DATE <b>01-12-2017</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>.101</b>	TEST 2 - <b>.102</b>	TEST 3 - <b>.102</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 <b>0</b>	(.0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>2</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
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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).

**INSTRUMENT OPERATING PROPERLY WITHIN DEPARTMENT OF HEALTH AND SENIOR SERVICES GUIDELINES AND STANDARDS.**

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <b>JONATHAN SCOTT GRIFFITH</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>260143/03-15-2018</b>	TELEPHONE NUMBER <b>573-437-2195</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: 717-684-5470

### 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292  
06/01/16  
22:05

--- 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



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292  
06/01/16

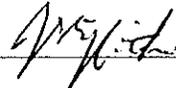
TESTING OFFICER:  
GRIFFITH/JONATHAN/SCOTT  
OFFICER I.D.: 104  
PERMIT NUMBER: 260143  
EXPIRATION DATE: 03/15/18  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	22:07
INTERNAL STANDARD	VERIFIED	22:08
EXTERNAL STANDARD	.101	22:08
BLANK TEST	.000	22:09
EXTERNAL STANDARD	.102	22:09
BLANK TEST	.000	22:10
EXTERNAL STANDARD	.102	22:10
BLANK TEST	.000	22:11

N = 3  
SIM. = .1  
AVG. = .1016

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

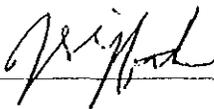
BAC DATAMASTER SERIAL NUMBER 201292  
06/01/16

ARREST TIME: 21:30  
SUBJECT NAME:  
RFI/TEST  
DOB: 09/09/09      SEX: M  
STATE/D.L.: NA/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.: NA  
TESTING OFFICER:  
GRIFFITH/JONATHAN/SCOTT  
OFFICER I.D.: 104  
PERMIT NUMBER: 260143  
EXPIRATION DATE: 03/15/18  
MISCELLANEOUS DATA:  
RFI TEST  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	22:14
INTERNAL STANDARD	VERIFIED	22:14
RADIO INTERFERENCE		

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



2208-02



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

2

**PERMIT**  
**TYPE II**  
**JONATHAN S GRIFFITH**

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 3/15/2016

NUMBER 260143

EXPIRES 3/15/2018

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)