

**RECEIVED**

By Carol Day at 8:23 am, Jul 05, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**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 201299	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 07/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Glendale Police Department, 424 N. Sappington Road, Glendale, MO 63122		TIME OF INSPECTION 9:31 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>07/01/16 09:31</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 <u>49 °C</u>	<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>SD2291</u> EXP. DATE <u>03/15/2017</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  .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)	0	(.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).

Instrument operates within Department of Health specifications.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Captain Robert A. Catlett, Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 250017 01/15/2017	TELEPHONE NUMBER (314) 965-0000

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

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 801299  
07/01/16  
09131

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-67-6000): OKAY

HEAVIES  
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./:;<=>?@A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

Operator Signature 

2206-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 801299  
07/01/16

TESTING OFFICER:  
CUTLETT/ROBERT/A  
OFFICER I.D.# 100  
PERMIT NUMBER: 280017  
EXPIRATION DATE: 01/15/17  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE REPORT  
JULY 2016

--- SUPERVISOR NOTE ---

BLANK TEST	.000	09:04
INTERNAL STANDARD	VERIFIED	09:04
INTERNAL STANDARD	.000	09:05
BLANK TEST	.000	09:05
INTERNAL STANDARD	.000	09:06
BLANK TEST	.000	09:06
INTERNAL STANDARD	.000	09:07
BLANK TEST	.000	09:07

N = 2  
STDEV = .1  
AVG. = .000

Operator Signature 

2206-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
GLENDALE POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 801299  
07/01/16

ANALYST TIME: 09:00  
SUBJECT NAME:  
TEST  
BOOK 01/02/01 OEN W  
STATE/C.L.# 00/TEST  
OPERATING OFFICER:  
TEST  
OFFICER I.D.# TEST  
TESTING OFFICER:  
CUTLETT/ROBERT/A  
OFFICER I.D.# 100  
PERMIT NUMBER: 280017  
EXPIRATION DATE: 01/15/17  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE REPORT  
JULY 2016

--- INHIBIT ANALYSIS ---

FIELD INTERFERENCE

Operator Signature 

2206-02



## 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.*



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

2

PERMIT  
TYPE II

**ROBERT A CATLETT, JR.**

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 1/15/2015

NUMBER 250017

EXPIRES 1/15/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 **CATLETT, JR., ROBERT**  
Permit No **250017**  
Date Issued **1/15/2015** Date Expires **1/15/2017**



**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

**Peter Lyskowski**  
Director



**Jeremiah W. (Jay) Nixon**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** SD2291      **Manufacturer:** Guth  
**Model Number:** SD2291  
**Agency:** GLENDALE PD  
**Agency Address:** 424 N SAPPINGTON ROAD, GLENDALE, MO 63122

## NIST THERMOMETER INFORMATION

**Serial Number:** 093767      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 06/20/15      **Date of Expiration:** 06/20/16

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	33.95	0.10

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 3/15/2016  
**Certification Expiration:** 3/15/2017  
**Simulator testing technician:** D. DEBOARD

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** ELLEN STRAWSINE  
**Certification No:** SD2291\_3152016

X

DHSS BAP Scientist Approving