



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

RECEIVED

By Carol Day at 4:24 pm, Aug 01, 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 201299	NAME OF AGENCY Glendale Police Department	DATE OF INSPECTION 08/01/2016
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) 08/01/16 09:31
<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 GUTH Laboratories, Inc. LOT # 15120 EXP. DATE 04/29/2017
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD291 EXP. DATE 03/15/2017

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) 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.

INSPECTING OFFICER	
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

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY POLICE DEPARTMENT

LAB INSTRUMENT SERIAL NUMBER 001690
00000000

--- STANDARD MODE ---

COMPLETION: 0:00:00

REMARKS: (01-01-2009): 0:00:00

REMARKS:
SAMPLE CAPSULES: 09C

FLOW DETECTION: 0:00:00

PUMP: 0:00:00

BACK SPEED: 0:00:00

DETECTOR: 0:00:00

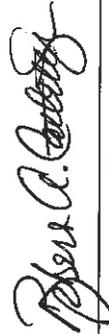
FILTERS: 0:00:00

QUARTZ STANDARD: 0:00:00

CALIBRATION: 0:00:00

PRINTER TEST
 19042677001-0120456789101020304050
 01010203040506070809101112131415
 SIGNATURE(1)++

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY POLICE DEPARTMENT

LAB INSTRUMENT SERIAL NUMBER 001690
00000000

TESTER'S EMPLOYEE
 EMPLOYER/ID NUMBER
 EXPIRES 12/31/10
 PRINT NUMBER: 000017
 EXPIRES: 01/01/2011
 N. SCHEIDT/ARNDT 2/10/11
 MICHIGAN MICHIGAN REPORT
 MICHIGAN

--- SUPERVISOR MODE ---

ALPHA TEST: 0.000 04404

INTERNAL STANDARD: 0.000 04404

EXTERNAL STANDARD: 0.000 04404

BETA TEST: 0.000 04404

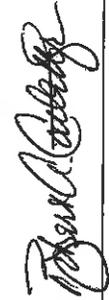
CITIZEN STANDARD: 0.000 04404

INTERNAL STANDARD: 0.000 04404

EXTERNAL STANDARD: 0.000 04404

TESTS
 01010203040506070809101112131415
 SIGNATURE(1)++

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY POLICE DEPARTMENT

LAB INSTRUMENT SERIAL NUMBER 001690
00000000

TESTER'S EMPLOYEE
 EMPLOYER/ID NUMBER
 EXPIRES 12/31/10
 PRINT NUMBER: 000017
 EXPIRES: 01/01/2011
 N. SCHEIDT/ARNDT 2/10/11
 MICHIGAN MICHIGAN REPORT
 MICHIGAN

--- INTERNAL MODE ---

ALPHA TEST: 0.000 04404

INTERNAL STANDARD: 0.000 04404

EXTERNAL STANDARD: 0.000 04404

BETA TEST: 0.000 04404

CITIZEN STANDARD: 0.000 04404

INTERNAL STANDARD: 0.000 04404

EXTERNAL STANDARD: 0.000 04404

Operator Signature





GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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°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.



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

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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

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gal Vesterly

, acting director
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 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

DHSS BAP Scientist Approving