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By Carol Day at 9:07 am, Jul 14, 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 203005	NAME OF AGENCY Edmundson P.D.	DATE OF INSPECTION 7/16/16
LOCATION OF INSTRUMENT (STREET AND CITY) 44130 Holman Ln Edmundson, MO 63134		TIME OF INSPECTION 1037 hrs

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) 7/16/16 1050 hrs
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER 6-216 LOT # 16040 EXP. DATE 1/20/2018

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2737 EXP. DATE 8/20/2016

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 $\varnothing$ .097%	TEST 2 $\varnothing$ .098%	TEST 3 $\varnothing$ .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)

REF. VALUE $\varnothing$ (0-04) $\varnothing$	(05-09) $\varnothing$	(10-14) $\varnothing$	(15-19) $\varnothing$	OVER 19 $\varnothing$
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LIST ANY REPAIRS 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).

SIGNATURE Lt Daniel K. Patrick	PRINT FULL NAME Lt Daniel K. Patrick
STATE IDENTIFICATION NUMBER & EXPIRATION DATE 260092 2/22/2018	TELEPHONE NUMBER 314-428-4517

RETURN COMPLETE REPORT TO: Breath Alcohol Program, MO Department of Health and Senior Services, Southwest District Office  
2675 James Blvd.  
Poplar Bluff, MO 63901

CE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
PERMIT NUMBER SERIAL NUMBER 283885  
67/06/16

PERIODIC/BIANNUAL  
OFFICER I.D.# 28  
PERMIT NUMBER: 283885  
EXPIRATION DATE: 62/06/16  
MISCELLANEOUS DATA  
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.800	10157
INTERNAL STANDARD	VERIFIED	10157
EXTERNAL STANDARD	.097	10157
BLANK TEST	.000	10158
INTERNAL STANDARD	.800	10158
BLANK TEST	.000	10159
INTERNAL STANDARD	.800	10159
BLANK TEST	.000	11100

# 3  
IN. = 11  
VOL. = 10776

OPERATOR SIGNATURE 

No. REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
PERMIT NUMBER SERIAL NUMBER 105800  
67/06/16

PERIODIC/BIANNUAL  
OFFICER I.D.# 28  
PERMIT NUMBER: 105800  
EXPIRATION DATE: 62/06/16  
MISCELLANEOUS DATA  
MONTHLY MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST	.800	10154
INTERNAL STANDARD	VERIFIED	10154
RADIO INTERFERENCE		

OPERATOR SIGNATURE 

Card Stock No. 60021 REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

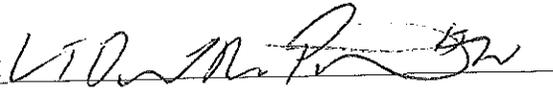
DATE: 10/10/88  
TIME: 10:00 AM  
OPERATOR: J. J. [unclear]  
LAB: [unclear]

--- DANGER ---

QUARTZ:	OKAY
QUARTZ STANDARD:	OKAY
REACTORS:	OKAY
SAMPLE CHAMBER:	OKAY
FLOW DETECTOR:	OKAY
PUMP:	OKAY
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@#SCUFTG  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrs tuvwxyz{|}~

OPERATOR SIGNATURE 

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901



## 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.*



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

2

**PERMIT  
 TYPE II**

**DANIEL R PATRICK**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV W PRINTER, 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 2/22/2016

NUMBER 260092

EXPIRES 2/22/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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    PATRICK, DANIEL  
 Permit No    260092  
 Date Issued 2/22/2016    Date Expires 2/22/2018