

RECEIVED

By Carol Day at 2:42 pm, Aug 18, 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 <u>203005</u>	NAME OF AGENCY <u>Edmundson P.D.</u>	DATE OF INSPECTION <u>8/12/2016</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>4430 Holman Ln Edmundson, MO 63134</u>		TIME OF INSPECTION <u>1440</u>

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>8/12/2016 1442hrs</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>50</u> °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</u>	LOT # <u>16040</u> EXP. DATE <u>1/20/2018</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C	SIMULATOR SN <u>SD2737</u> EXP. DATE <u>8/20/2016</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 $\varnothing$ <u>.0986</u>	TEST 2 $\varnothing$ <u>.0978</u>	TEST 3 $\varnothing$ <u>.0984</u>
-----------------------------------	-----------------------------------	-----------------------------------

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 $\varnothing$	(0-04) $\varnothing$	(05-09) $\varnothing$	(10-14) $\varnothing$	(15-19) $\varnothing$	OVER 19 $\varnothing$
------------------------	----------------------	-----------------------	-----------------------	-----------------------	-----------------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATIONS OR MODIFICATIONS THAT WAS MADE TO SERVICE THE INSTRUMENT TO OPERATE CORRECTLY AND WITHIN ESTABLISHED LIMITS. (USE OTHER PAGES IF NECESSARY)

SIGNATURE <u>LT Dan J. Patrick</u>	PRINT FULL NAME <u>LT Daniel R. Patrick, 20</u>
TELEPHONE NUMBER <u>260072</u>	TELEPHONE NUMBER <u>314-478-4577</u>
DATE OF REPORT <u>2/22/2018</u>	

RETURN COPIES TO REPORT TO THE  
Breath Alcohol Program, MO Department of Health and Senior Services, Breath Alcohol Division  
2025 James Blvd.  
Springfield, MO 65801



## 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.*

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

LABORATORY NUMBER 168815  
6671270

ANALYST: JAC

SUBJECT NAME:

NO. 10001

LAB. IN CHARGE: SEAN P

DATE/BLK: 10/12/84/56789

EXISTING OFFICER:

INTERNAL/EXTERNAL

OFFICE: 10001

DATE OF ISSUE:

LABORATORY:

DATE: 10/12/84

SERIAL NUMBER: 067890

EXPIRATION DATE: 06/30/85

ADDITIONAL DATA:

MONTHLY MAINTENANCE

--- CHECK ANALYSIS ---

BLANK TEST	.000	14:57
INTERNAL STANDARD	VERIFIED	14:57
RADIO INTERFERENCE		

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI

LABORATORY NUMBER 168815  
6671270

ANALYST: JAC

SUBJECT NAME:

NO. 10001

LAB. IN CHARGE: SEAN P

DATE/BLK: 10/12/84/56789

EXISTING OFFICER:

INTERNAL/EXTERNAL

--- CHECK ANALYSIS ---

BLANK TEST	.000	14:57
INTERNAL STANDARD	VERIFIED	14:57
EXTERNAL STANDARD	.000	14:58
BLANK TEST	.000	14:59
INTERNAL STANDARD	.097	14:59
BLANK TEST	.000	15:00
EXTERNAL STANDARD	.096	15:00
BLANK TEST	.000	15:01

S.M. = .1  
 R.V. = .0976

OPERATOR SIGNATURE

OPERATOR SIGNATURE

Check No.

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

Card Stock No.  
60021

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



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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260092

EXPIRES 2/22/2018

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 559-0771 (6-10)

LAB-1 (P5-10)

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