

**RECEIVED**

By Brian Lutmer at 2:44 pm, Jan 29, 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 <b>950090</b>	NAME OF AGENCY <b>Dheps Co. Sheriff's Dept.</b>	DATE OF INSPECTION <b>1-21-16</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>500 W. 2<sup>ND</sup> , Rolla Mo 65401</b>		TIME OF INSPECTION <b>0932</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>1-21-16 0932</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 Labs</b> LOT # <b>14220</b> EXP. DATE <b>9-24-16</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C SIMULATOR SN <b>SD1313</b> EXP. DATE <b>1-21-16</b>

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 <b>.098</b>	TEST 2 <b>.100</b>	TEST 3 <b>.100</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>~</b>	(0-.04) <b>-</b>	(.05-.09) <b>-</b>	(.10-.14) <b>-</b>	(.15-.19) <b>1</b>	OVER .19 <b>-</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).  
**N/A**

<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT FULL NAME <b>Paul J. Lambert</b>
TYPE II PERMIT NUMBER <b>250072</b> EXPIRATION DATE <b>3-31-17</b>	TELEPHONE NUMBER <b>573-426-3860</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



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI  
SHELBY COUNTY SHERIFF'S OFFICE

THE ENTERED SERIAL NUMBER (S) OF THE  
01/21/19

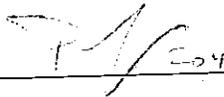
TESTING OFFICER:  
LAWRENCE PAUL W  
OFFICER I.D.# 004  
PERMIT NUMBER: 059070  
EXPIRATION DATE: 03/31/17  
MISCELLANEOUS DATA:

SUPERVISOR NAME

BLANK TEST	.000	09:35
INTERNAL STANDARD	VERIFIED	09:35
EXTERNAL STANDARD	.000	09:36
BLANK TEST	.000	09:37
INTERNAL STANDARD	.100	09:37
BLANK TEST	.000	09:38
EXTERNAL STANDARD	.100	09:38
BLANK TEST	.000	09:39

DATE: 01/21/19  
TIME: 10:00  
BY: [Signature]

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
 LABORATORY DEPARTMENT  
 SPEC IDENTIFICATION SERIAL NUMBER: 999999  
 DATE: 01/21/97  
 TIME: 10:00  
 SUBJECT NAME: [illegible]  
 JOB: 01-01-97 DEW: H  
 STATE I.D. NO: 100000000  
 DRUGS: [illegible]  
 LAMBERT/CALL: [illegible]  
 OFFICER: [illegible]  
 TESTING OFFICER: [illegible]  
 LAMBERT/CALL: [illegible]  
 OFFICER: [illegible]  
 SUBJECT NUMBER: 000000  
 EXPIRATION DATE: 02/01/97  
 RECLASSIFIED DATE: [illegible]

LABORATORY ANALYSIS

MARK TEST	000	00:40
LABORATORY ANALYSIS	UTRIFIED	00:40
FIELD INVESTIGATION		

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

*FV* 204



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

2

**PERMIT  
 TYPE II**

**PAUL J LAMBERT**

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, INTOX DMT**

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 3/31/2015

NUMBER 250072

EXPIRES 3/31/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 559 0-1 (6-13)

LAB 4/15/15

**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 LAMBERT, PAUL  
 Permit No 250072  
 Date Issued 3/31/2015 Date Expires 3/31/2017



## 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 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 2016 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.*