



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>950223</b>	NAME OF AGENCY <b>DIAMOND Police Department</b>	DATE OF INSPECTION <b>03-28-2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>100 N. WASHINGTON ST. DIAMOND, MO. 64840</b>		TIME OF INSPECTION <b>18:08</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>03-28-16 @ 18:08</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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth LABS** LOT # **15120** EXP. DATE **04-29-17**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD1918** EXP. DATE **08-11-2009**

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>.100</b>	TEST 2 <b>.101</b>	TEST 3 <b>.102</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  (0-.04)  (.05-.09)  (.10-.14)  (.15-.19)  OVER .19

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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>Keith Brumfield</b>	PRINT FULL NAME <b>Keith J. Brumfield</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>250046 2-20-2017</b>	TELEPHONE NUMBER <b>417-499-1495</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**



## 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°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**

**KEITH J BRUMFIELD**

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 2/20/2015

NUMBER 250046

EXPIRES 2/20/2017

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 BRUMFIELD, KEITH  
 Permit No 250046  
 Date Issued 2/20/2015 Date Expires 2/20/2017

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950823  
03/28/16

TESTING OFFICER:  
BRUMFIELD/KEITH/J  
OFFICER I.D.: 87  
PERMIT NUMBER: 250046  
EXPIRATION DATE: 02/20/17  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	18:13
INTERNAL STANDARD	VERIFIED	18:14
EXTERNAL STANDARD	.100	18:14
BLANK TEST	.000	18:15
EXTERNAL STANDARD	.101	18:15
BLANK TEST	.000	18:16
EXTERNAL STANDARD	.102	18:16
BLANK TEST	.000	18:17

N = 3  
SIM. = .1  
AVG. = .101

Operator Signature



# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950823  
03/28/16  
18:09

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTED TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg hijklmno  
pqrstuvwxyz{|}~\*

Operator Signature



# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
DIAMOND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950223  
03/28/16

ARREST TIME: 17:16

SUBJECT NAME:

R-F/TEST

DOB: 09-07-72 SEX: M

STATE/D.L.: MO/1204567

ARRESTING OFFICER:

BALMFIELD/KEITH/J

OFFICER I.D.: 87

TESTING OFFICER:

SAME

OFFICER I.D.: 87

PERMIT NUMBER: 250046

EXPIRATION DATE: 02/20/17

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	18:22
INTERNAL STANDARD	VERIFIED	18:22
RADIO INTERFERENCE		

Operator Signature

