



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 980016	NAME OF AGENCY El Dorado Springs Police Department	DATE OF INSPECTION 01/04/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 1640

**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>1640 01/04/16</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>49</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 <u>Green</u>	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc</u> LOT # <u>15220</u> EXP. DATE <u>09/28/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.04</u> °C SIMULATOR SN <u>SD3146</u> EXP. DATE <u>01/20/2016</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 <u>095</u>	TEST 2 <u>095</u>	TEST 3 <u>096</u>
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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 <u>0</u> (0-.04) <u>4</u> (.05-.09) <u>0</u> (.10-.14) <u>2</u> (.15-.19) <u>0</u> OVER .19 <u>0</u>
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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).

This instrument meets Department of Health and Senior Services Rules and Regulations.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Jarrod D. Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 240337 09/15/2016	TELEPHONE NUMBER (417) 876-2313

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 MISSOURI  
EL DORADO SPRINGS POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 960016  
01/29/16

ARREST TIME: 12:40  
SUBJECT NAME: [REDACTED]  
ICE/LEAD: [REDACTED]  
DOB: 09/29/75 SEX: M  
STATE/D.L.I. NO./ISSUING AGENCY: MO/1232MC  
ARRESTING OFFICER: SCHIENECK/JARROLD  
OFFICER I.D. NO.: 109  
TESTING OFFICER: SCHIENECK/JARROLD  
OFFICER I.D. NO.: 109  
PERMIT NUMBER: 24007  
EXPIRATION DATE: 09/15/16  
MISCELLANEOUS DATA:  
R.F.I. TEST  
JAN/2016

----- BREATH ANALYSIS -----

BLANK TEST 16:15  
INTERNAL STANDARD 16:15  
EXTERNAL STANDARD 16:15  
VERIFIED

Operator Signature 

2004

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
EL DORADO SPRINGS POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 960016  
01/29/16

TESTING OFFICER: [REDACTED]  
SCHIENECK/JARROLD  
OFFICER I.D. NO.: 109  
PERMIT NUMBER: 24007  
EXPIRATION DATE: 09/15/16  
MISCELLANEOUS DATA:  
JAN/2016

----- SUPERVISOR MODE -----

BLANK TEST 16:40  
INTERNAL STANDARD 16:40  
EXTERNAL STANDARD 16:40  
VERIFIED  
BLANK TEST 16:44  
INTERNAL STANDARD 16:44  
EXTERNAL STANDARD 16:44  
VERIFIED  
BLANK TEST 16:45  
INTERNAL STANDARD 16:45  
EXTERNAL STANDARD 16:45  
VERIFIED

N = 3  
SD = .1  
AVG = .0953

Operator Signature 

2004-02

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-554-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 30, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is September 28, 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



PERMIT  
TYPE II

JARROD D SCHIERECK

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 9/15/2014

NUMBER 240337

EXPIRES 9/15/2016

0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 SCHIERECK, JARROD  
Permit No 240337  
Date Issued 9/15/2014 Date Expires 9/15/2016