



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED
 By Carol Day at 2:36 pm, Mar 31, 2014 #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 or whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATA MASTER SN #201217	NAME OF AGENCY Crystal City Police Department	DATE OF INSPECTION 03/23/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 130 Mississippi Avenue, Crystal City		TIME OF INSPECTION 3:40 am

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) 03/23/2014 04:03 am
<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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>DR3772</u> EXP. DATE <u>04/03/2014</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>.100</u>	TEST 2 <u>.099</u>	TEST 3 <u>.099</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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i> #212	PRINT FULL NAME Ptn. Jeffery S. Wynn, DSN-212
TYPE II PERMIT NUMBER/EXPIRATION DATE 220090 04/05/2014	TELEPHONE NUMBER (636) 937-4601

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 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 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 FM122211-02 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 MISSISSIPPI
CRYSTAL CITY POLICE DEPARTMENT

FOR INFORMATION ONLY NUMBER 0000000000
0000000000
0000000000

--- PHYSICIAN CHECK ---

COMPUTER:	OKAY
POST BOX (00-00-00000):	OKAY
WEIGHT:	
WEIGHT QUANTITY:	000
BLACK DETECTOR:	OKAY
SCALE:	
HIGH SPEED:	OKAY
INTERIOR:	OKAY
EXTERIOR:	OKAY
QUICK STORAGE:	OKAY
DEFLECTION:	OKAY

PRINTED TEST

PRINTED TEST
PRINTED TEST
PRINTED TEST
PRINTED TEST
PRINTED TEST

OPERATOR SIGNATURE

[Signature] #212 Type II

Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S.
PO BOX 1436 MANASSAS VA 20108

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSISSIPPI
CRYSTAL CITY POLICE DEPARTMENT

FOR INFORMATION ONLY NUMBER 0000000000
0000000000
0000000000

--- SUPERVISOR NAME ---

BLACK TEST	000	04:00
INTERNAL STORAGE	000	04:00
EXTERNAL STORAGE	100	04:00
INTERNAL STORAGE	000	04:00

OPERATOR SIGNATURE

[Signature] #212 Type II

Card Stock No.
60020

REORDER ALL SUPPLIES FROM N.P.A.S.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSISSIPPI
CRYSTAL CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 200217
03/28/14

ARREST TIME: 03:30

SUBJECT NAME:

TEST REF:

DOB: 01/02/94 SEX: F

STATE D.O.B. #: NO/01/2450789

ARRESTING OFFICER:

WYNN, JEFFERY/S

OFFICER I.D. #: 312

TESTING OFFICER:

WYNN, JEFFERY/S

OFFICER I.D. #: 312

DEPT. NUMBER: 220090

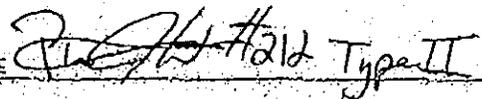
EXPIRATION DATE: 03/05/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	04:12
INTERNAL STANDARD	VERIFIED	04:13
RADIO INTERFERENCE		

OPERATOR SIGNATURE



Card Stock No. 60020

REORDER ALL SUPPLIES FROM H.P.A.S.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEFFERY S WYNN

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/05/2012

Number 220090

Expires 04/05/2014

MO 680-0771 (7-86)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)