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

# DATAMASTER MAINTENANCE REPORT

RECEIVED 3/14/14-CD REPORT #6

REVIEWED
By Carol Day at 3:43 pm, Mar 31, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exc
Complete this report whenever the instrument is serviced or repaired and whenever it is placed i
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| DATAMASTER SN | NAME OF AGENCY | DATE OF INSPECTION |
|---|---|---|
| 201221 | North Kansas City Police Department | 03/07/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 2020 Howell St., North Kansas City | | 1:42 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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 03/07/2014 01:42 am
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 13210 EXP. DATE 07/29/2015
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 1309 EXP. DATE 02/03/2015
- [x] 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)

  - [x] 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 | TEST 2 | TEST 3 |
|---|---|---|
| .100 | .101 | .102 |

- [x] 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 |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 1 | 1 | 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).

N/A

**INSPECTING OFFICER**

| SIGNATURE | PRINT FULL NAME |
|---|---|
| A. Newberry #128 | A. Newberry #128 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 240004 01/14/2016 | (816) 274-6013 |

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.
[illegible] NORTH [illegible] STREET • HARRISBURG, PA [illegible] • TELEPHONE: [illegible]

# CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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 FN122211-02 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 MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
03/07/14
01:42

--- 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 |

PRINTER TEST
!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFG

Face This Side Down – This Edge In First

# BAC DataMaster
## Evidence Ticket

STATE OF MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
03/07/14

TESTING OFFICER:
NEWBERRY/A
OFFICER I.D.: 128
PERMIT NUMBER: 240004
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|---|---|---|
| BLANK TEST | .000 | 01:51 |
| INTERNAL STANDARD | VERIFIED | 01:51 |
| EXTERNAL STANDARD | .100 | 01:52 |
| BLANK TEST | .000 | 01:52 |
| EXTERNAL STANDARD | .101 | 01:53 |
| BLANK TEST | .000 | 01:53 |
| EXTERNAL STANDARD | .102 | 01:54 |
| BLANK TEST | .000 | 01:54 |

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

Face This Side Down – This Edge In First

# BAC DataMaster
## Evidence Ticket

STATE OF MISSOURI
NORTH KANSAS CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201221
03/07/14

ARREST TIME: 01:15
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.# MO/123456789
ARRESTING OFFICER:
N/A
OFFICER I.D.: 0
TESTING OFFICER:
NEWBERRY/A
OFFICER I.D.: 128
PERMIT NUMBER: 240004
EXPIRATION DATE: 01/14/16
MISCELLANEOUS DATA:
RFI TEST
RFI TEST

--- BREATH ANALYSIS ---

| | | |
|---|---|---|
| BLANK TEST | .000 | 01:57 |
| INTERNAL STANDARD | VERIFIED | 01:57 |
| RADIO INTERFERENCE | | |

Operator Signature: J. Newberry #128

2208-02

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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# PERMIT

## TYPE II

## AARON NEWBERRY

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 1/14/2014

NUMBER 240004

EXPIRES 1/14/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (06-10)

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 NEWBERRY, AARON
Permit No 240004
Date Issued 1/14/2014 Date Expires 1/14/2016