



RECEIVED REPORT #6
 By Carol Day at 2:47 pm, May 12, 2014

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 201259	NAME OF AGENCY Boonville Police Department	DATE OF INSPECTION 5/5/14
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LOCATION OF INSTRUMENT (STREET AND CITY) 401 E. Morgan Street, Boonville MO 65233	TIME OF INSPECTION 2238
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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) 22:31
<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 48 °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 # 13280 EXP. DATE 10/16/15

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3501 EXP. DATE 05/08/2014

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 0.095	TEST 2 0.096	TEST 3 0.097
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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) 1	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	OVER .19 1
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME James Deckard
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220215 09/04/2014	TELEPHONE NUMBER (660) 882-2727
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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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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.

BAE DataMaster
EvidenceTracker

STATE OF MISSOURI
BOONVILLE POLICE DEPARTMENT

ENC IRTHMRSYER SERIAL NUMBER 201253
05/03/14

ARREST TIME: 21:00
SUBJECT NAME:
TEST

DOB: 01/04/80 SEX: F

STATE/D.L.: NY/00000000

ARRESTING OFFICER:

TEST

OFFICER I.D.: 00

TESTING OFFICER:

BECKARD, JAMES/M

OFFICER I.D.: 07

PERMIT NUMBER: 220215

EXPIRATION DATE: 09/04/14

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST

INTERNAL STANDARD

ALCOHOL INTERFERENCE

.000 22:44
VERIFIED 22:44

Operator Signature



STATE OF MISSOURI
BOONVILLE POLICE DEPARTMENT

BACID DATA MASTER SERIAL NUMBER 201259

05/03/14

22:31

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HERTERS
SAMPLE CHAMBER: 48C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&*()**+,-./0123456789:;<=>?@#BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrs tuvwxyz{|}~`

Operator Signature

BAC DataMaster
Evident

STATE OF MISSOURI
BOONVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201259
05/03/14

TESTING OFFICER:

DECKARD, JAMES/M

OFFICER I.D.: 07

PERMIT NUMBER: 220215

EXPIRATION DATE: 09/04/14

MISCELLANEOUS DATA:

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

BLANK TEST	.000	22:38
INTERNAL STANDARD	VERIFIED	22:38
EXTERNAL STANDARD	.095	22:39
BLANK TEST	.000	22:39
EXTERNAL STANDARD	.096	22:40
BLANK TEST	.000	22:40
EXTERNAL STANDARD	.097	22:41
BLANK TEST	.000	22:41

N = 3

SIM. = .1

AVG. = .096

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JAMES DECKARD

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 09/04/2012

Number 220215

Expires 09/04/2014

MO 680-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)