



BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:25 am, Dec 01, 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 <u>201268</u> | NAME OF AGENCY <u>Vandalia Police Dept.</u> | DATE OF INSPECTION <u>11-26-2014</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 E. Park St. Vandalia, Mo. 63382</u> | | TIME OF INSPECTION <u>14:39</u> |

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>11-26-2014 14:39</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>49.0 °C</u> | <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 Labs</u> LOT # <u>14200</u> EXP. DATE <u>08-05-16</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2280</u> EXP. DATE <u>04-22-2013</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>.095</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 | (0-.04) <u>—</u> | (.05-.09) <u>—</u> | (.10-.14) <u>—</u> | (.15-.19) <u>—</u> | OVER .19 <u>—</u> |
|----------|------------------|--------------------|--------------------|--------------------|-------------------|

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 <u>Raymond A. Laird</u> |
| TYPE II PERMIT NUMBER EXPIRATION DATE <u>240382 10-27-16</u> | TELEPHONE NUMBER <u>573-594-6186</u> |

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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 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.

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
VANDALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201268
11/26/14

TESTING OFFICER:
LAIRD, RAYMOND/A
OFFICER I.D.# 202
PERMIT NUMBER: 240302
EXPIRATION DATE: 10/27/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 14:52 |
| INTERNAL STANDARD | VERIFIED | 14:52 |
| EXTERNAL STANDARD | .095 | 14:52 |
| BLANK TEST | .000 | 14:53 |
| EXTERNAL STANDARD | .095 | 14:53 |
| BLANK TEST | .000 | 14:54 |
| EXTERNAL STANDARD | .095 | 14:54 |
| BLANK TEST | .000 | 14:55 |

N = 3
SIM. = .1
AVG. = .095

Operator Signature



2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
VANDALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260
11/26/14

ARREST TIME: 01:01
SUBJECT NAME:
N/A
DOB: 09/09/09 SEX: M
STATE/D.L.: MO/N/A
ARRESTING OFFICER:
N/A
OFFICER I.D.: N/A
TESTING OFFICER:
LAIRD/RAYMOND/A
OFFICER I.D.: R02
PERMIT NUMBER: 240382
EXPIRATION DATE: 10/27/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 15:03 |
| INTERNAL STANDARD | VERIFIED | 15:03 |
| RADIO INTERFERENCE | | |

Operator Signature



2208-02



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

2

**PERMIT
TYPE II**

RAYMOND A LAIRD

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 10/27/2014

NUMBER 240382

EXPIRES 10/27/2016

MO 590-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-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 LAIRD, RAYMOND
Permit No 240382
Date Issued 10/27/2014 Date Expires 10/27/2016