



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

RECEIVED 2/18/14-CD
 REPORT #6

REVIEWED
 By Carol Day at 1:42 pm, Apr 01, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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>201297</u>	NAME OF AGENCY <u>Webb City Police Dept.</u>	DATE OF INSPECTION <u>02-11-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>211 W. Broadway St Webb City, MO 64820</u>		TIME OF INSPECTION <u>17:00</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>02-11-2014 @ 1700</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
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth Laboratories</u> LOT # <u>13280</u> EXP. DATE <u>10-16-2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2754</u> EXP. DATE <u>07-10-2014</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>.098</u>	TEST 2 <u>.098</u>	TEST 3 <u>.098</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>0</u>	(.05-.09) <u>2</u>	(.10-.14) <u>1</u>	(.15-.19) <u>1</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).

INSPECTING OFFICER	
SIGNATURE <u>Jeffrey Cornett #2443</u>	PRINT FULL NAME <u>Jeffrey Cornett</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230322 12-23-2015</u>	TELEPHONE NUMBER <u>(417) 693-1911</u>
RETURN COMPLETED REPORT TO THE:	Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd.



GUTH LABORATORIES, INC.

690 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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.

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
02/11/14

ARREST TIME: 16:45
SUBJECT NAME:
TEST/REF:
DOB: 01/01/61 SEX: M
STATE/D.O.B.: MO/123456789
ARRESTING OFFICER:
CORNETT/JEFF/A
OFFICER I.D.: 443
TESTING OFFICER:

STATE
OFFICER I.D.: 443
PERMIT NUMBER: 230322
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 17:14
INTERNAL STANDARD VERIFIED 17:14
RADIO INTERFERENCE

Operator Signature

Jeff A. Cornett #443

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
02/11/14

TESTING OFFICER:
CORNETT/JEFF/A
OFFICER I.D.: 443
PERMIT NUMBER: 230322
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 17:08
INTERNAL STANDARD VERIFIED 17:08
EXTERNAL STANDARD .098 17:09
BLANK TEST .000 17:09
EXTERNAL STANDARD .098 17:10
BLANK TEST .000 17:10
EXTERNAL STANDARD .098 17:11
BLANK TEST .000 17:11

I = 3
SIM. = .1
AVG. = .098

Operator Signature

Jeff A. Cornett #443

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
02/11/14
17:00

--- 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

! " # % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C
D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k
l m n o p q r s t u v w x y z { | } ~

Operator Signature

Jeff A. Cornett #443



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

2

PERMIT
TYPE II

JEFFREY A CORNETT

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, INTOXILYZER 8000

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 12/23/2013

NUMBER 230322

EXPIRES 12/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 CORNETT, JEFFREY
Permit No 230322
Date Issued 12/23/2013 Date Expires 12/23/2015