



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

RECEIVED
 By Carol Day at 2:43 pm, Oct 17, 2014
 REPORT #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 and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

~~11-15-2014~~

DATAMASTER SN 201297	NAME OF AGENCY Webb City Police Dept.	DATE OF INSPECTION 10-11-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 211 W. Broadway St. Webb City, MO 64890		TIME OF INSPECTION 21:55

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) 10-11-2014 @ 2155
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Labs LOT # 13280 EXP. DATE 10-16-2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2754 EXP. DATE 08-14-2015

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 • .097 TEST 2 • .098 TEST 3 • .098

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 (0-.04) 1 (.05-.09) 0 (.10-.14) 1 (.15-.19) 4 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>Jeffrey Cornett #443</i>	PRINT FULL NAME Jeffrey Cornett
TYPE II PERMIT NUMBER/EXPIRATION DATE 240271 06-12-2016	TELEPHONE NUMBER (417) 673-1911

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: 717-684-5470

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.

Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
10/11/14

ARREST TIME: 22:00
SUBJECT NAME:
RFI/TEST

DOB: 01/01/81 SEX: M
STATE/D.O.B.: MO/123456789

ARRESTING OFFICER:
CORNETT/JEFF/R
OFFICER I.D.# 443
TESTING OFFICER:
SRME

OFFICER I.D.# 443
PERMIT NUMBER: 240271
EXPIRATION DATE: 06/12/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---
BLANK TEST .000 22:35
INTERNAL STANDARD .000 VERIFIED 22:35
RADIO INTERFERENCE

Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
10/11/14

TESTING OFFICER:
CORNETT/JEFF/R
OFFICER I.D.# 443

PERMIT NUMBER: 240271
EXPIRATION DATE: 06/12/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 22:25
INTERNAL STANDARD .000 VERIFIED 22:25
EXTERNAL STANDARD .097 22:25
BLANK TEST .000 22:30
EXTERNAL STANDARD .098 22:30
BLANK TEST .000 22:31
EXTERNAL STANDARD .098 22:32
BLANK TEST .000 22:32

N = 3
STN. = 1
RWE. = .0976

Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
WEBB CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201297
10/11/14

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

SUPRTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./:;@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 [\]^_`abcde fghijk
lmnopqrstuvwxyz{ } ~

Operator Signature

Handwritten Signature #443

2208-02

Signature

Handwritten Signature #443

2208-02

for Signature

Handwritten Signature #443



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

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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, ALCO-SENSOR IV W/PRINTER

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 6/12/2014

NUMBER 240271

EXPIRES 6/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

MO 550-0771 (6-10)



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 CORNETT, JEFFREY
Permit No 240271
Date Issued 6/12/2014 Date Expires 6/12/2016