



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

RECEIVED
 By Carol Day at 12:05 pm, Oct 14, 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 204070 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 10/13/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Dunklin County Justice Center , 1175 Floyd Street, Kennett, MO | | TIME OF INSPECTION 8:34 pm |

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) 10/13/2014 2034 |
| <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 _____ 50 °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 Labs Inc</u> LOT # <u>13290</u> EXP. DATE <u>10/29/2015</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.98</u> °C SIMULATOR SN <u>G11111</u> EXP. DATE <u>02/18/2015</u> | |
| <input checked="" type="checkbox"/> 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) | |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | |

| | | |
|---------------|---------------|---------------|
| TEST 1 ➔ .096 | TEST 2 ➔ .098 | TEST 3 ➔ .099 |
|---------------|---------------|---------------|

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) | 0 | (.05-.09) | 0 | (.10-.14) | 3 | (.15-.19) | 1 | OVER .19 | 2 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

Operating within MODHSS Specifications

INSPECTING OFFICER

| | |
|--|-------------------------------------|
| SIGNATURE | PRINT FULL NAME Tpr R.L. Vannada |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240114 03/11/2016 | TELEPHONE NUMBER (573) 888-9755 |

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

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204070
10/13/14
20:34

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~

Operator Signature _____



BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204070
10/13/14

TESTING OFFICER:
VANNADA/RICKY/L
OFFICER I.D.: 1117
PERMIT NUMBER: 240114
EXPIRATION DATE: 03/12/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 20:39 |
| INTERNAL STANDARD | VERIFIED | 20:39 |
| EXTERNAL STANDARD | .099 | 20:39 |
| BLANK TEST | .000 | 20:40 |
| EXTERNAL STANDARD | .100 | 20:40 |
| BLANK TEST | .000 | 20:41 |
| EXTERNAL STANDARD | .100 | 20:41 |
| BLANK TEST | .000 | 20:42 |

N = 3
SIM. = .1
AVG. = .0996

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

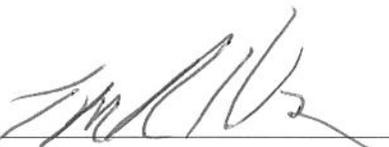
MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204070
10/13/14

ARREST TIME: 00:00
SUBJECT NAME:
SMITH/JOHN
DOB: 01/01/78 SEX: M
STATE/D.L.: MO/1234567
ARRESTING OFFICER:
VANNADA/RICKY/L
OFFICER I.D.: 1117
TESTING OFFICER:
VANNADA/RICKY/L
OFFICER I.D.: 1117
PERMIT NUMBER: 240114
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 20:44 |
| INTERNAL STANDARD | VERIFIED | 20:44 |
| RADIO INTERFERENCE | | |

Operator Signature





GUTH LABORATORIES, INC.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 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.



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

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**PERMIT
 TYPE II**

RICKY L VANNADA

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, INTOX DMT

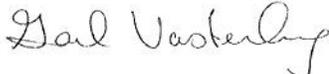
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240114

EXPIRES 3/11/2016


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


 ,acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 VANNADA, RICKY
 Permit No 240114
 Date Issued 3/11/2014 Date Expires 3/11/2016



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Missouri State Highway Patrol

Serial Number: G11111

Manufacturer: Guth

Model Number: 34C

CALIBRATION RESULTS

| <u>Reference Temperature</u> | <u>Simulator Temperature</u> | <u>Bias</u> | <u>In Tolerance</u> |
|------------------------------|------------------------------|-------------|---------------------|
| 33.93 | 34.0 | -0.07 °C | YES |

This calibration was performed with NIST-Traceable Thermometer SN: 304447

This calibration was performed by: Brian M. Lutmer

This calibration was performed: 02/18/2014

COPY OF CALIBRATION STICKER

This simulator has been calibrated according to DHSS specifications



SIMULATOR SERIAL NO.: G11111

EXPIRATION DATE: 02/18/2015

DATE OF CALIBRATION: 02/18/2014

NIST REF. THERM. SERIAL NO: 304447

BIAS: -0.07 C

ANALYST INITIALS: BML