



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

received 3/1/14-cd

REVIEWED REPORT # 6
 By Carol Day at 1:54 pm, Mar 19, 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 204081 | NAME OF AGENCY MSHP | DATE OF INSPECTION 02/20/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Scott County Sheriff's Office-S, New Madrid St.-Benton | | TIME OF INSPECTION 5:15 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) 02/20/2014 17:20 |
| <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 50.0 °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 Laboratories Inc LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 1099 EXP. DATE 02/18/2015

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 * .098 | TEST 2 * .099 | 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) | 1 | (.15-.19) | 0 | 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>James C. Cooksey Jr.</i> | PRINT FULL NAME James C. Cooksey Jr. |
| TYPE II PERMIT NUMBER EXPIRES DATE 260016 02/08/2015 | TELEPHONE NUMBER (573) 840-9500 |

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 87th 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 FNI22211-02 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**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204081
02/20/14

TESTING OFFICER:
COOKSEY, JAMES/D
OFFICER I.D.#: 266
PERMIT NUMBER: 200016
EXPIRATION DATE: 02/02/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 17:33 |
| INTERNAL STANDARD | VERIFIED | 17:33 |
| EXTERNAL STANDARD | .098 | 17:34 |
| BLANK TEST | .000 | 17:34 |
| EXTERNAL STANDARD | .099 | 17:35 |
| BLANK TEST | .000 | 17:35 |
| EXTERNAL STANDARD | .099 | 17:36 |
| BLANK TEST | .000 | 17:37 |

N = 3
STM. = .1
AVG. = .0986

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204081
02/20/14

17:38

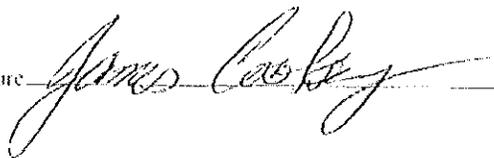
--- BIOMONITOR CHECK ---

| | |
|-----------------------|------|
| 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:;<=>?@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



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284661
02/28/14

ARREST TIME: 17:08
SUBJECT NAME:
RFI/TEST
DOB: 01/01/98 SEX: M
STATE P.L.: MO/123456
ARRESTING OFFICER:
COOKSEY/JAMES/C
OFFICER I.D.: 266
TESTING OFFICER:
COOKSEY/JAMES/C
OFFICER I.D.: 266
PERMIT NUMBER: 250016
EXPIRATION DATE: 02/08/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature





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



PERMIT
TYPE II

JAMES C COOKSEY JR

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 02/08/2013

NUMBER 230016

EXPIRES 02/08/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 596-0771 (6-10)

LAB-4 (RB-10)



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: 1099
 Manufacturer: RepCo
 Model Number: 3402C

CALIBRATION RESULTS

| <u>Reference Temperature</u> | <u>Simulator Temperature</u> | <u>Bias</u> | <u>In Tolerance</u> |
|------------------------------|------------------------------|-------------|---------------------|
| 34.02 | 34.00 | +0.02 °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.: | <u>1099</u> |
| | EXPIRATION DATE: | <u>02/18/2015</u> |
| | DATE OF CALIBRATION: | <u>02-18-2014</u> |
| | NIST REF. THERM. SERIAL NO.: | <u>304447</u> |
| | BIAS: | <u>+0.02 C</u> |
| | ANALYST INITIALS: | <u>BML</u> |