



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

RECEIVED
 By Carol Day at 3:11 pm, Dec 18, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or 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>950021</u>	NAME OF AGENCY <u>V. burrumb Police Dept.</u>	DATE OF INSPECTION <u>12-7-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>#2 Missouri Ave. V. burrumb 65566</u>		TIME OF INSPECTION <u>14:20</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>12-7-14/1357</u>
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input type="checkbox"/> HEATERS SAMPLE CHAMBER <u>45</u> °C	<input type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Buth Labs</u> LOT # <u>13290</u> EXP. DATE <u>20-25-15</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>SD2759</u> EXP. DATE <u>7-30-15</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)

<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 <u>0.107</u>	TEST 2 <u>0.107</u>	TEST 3 <u>0.099</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>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</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>[Signature]</u>	PRINT FULL NAME <u>Charles W. Hedrick</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230141 7-25-25</u>	TELEPHONE NUMBER <u>573-244-5220</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.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L** $\pm 3\%$.

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 MISSISSIPPI
MISSISSIPPI POLICE DEPARTMENT

REPORT NUMBER: 2004-07-0001
DATE: 07-01-04

TESTING OFFICER:
MEDICAL OFFICER:
OFFICER: J. W. LEE
DETECTIVE: J. W. LEE
EVIDENCE OFFICER: J. W. LEE
MISSISSIPPI POLICE DEPARTMENT

SUBJECT: MURDER

WALK TEST	000	1414
INTERNAL STANDARD	000	1414
EXTERNAL STANDARD	000	1414
WALK TEST	000	1414
INTERNAL STANDARD	000	1414
EXTERNAL STANDARD	000	1414
WALK TEST	000	1414
INTERNAL STANDARD	000	1414
EXTERNAL STANDARD	000	1414

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
MISSISSIPPI POLICE DEPARTMENT

BAC DATAMASTER REPORT NUMBER: 2004-07-0001
DATE: 07-01-04

DEPARTMENT: 000

COMPUTER	000
PROGRAM (004-07-2004)	000
SERVERS	000
SERVER NUMBER	000
FLOW DETECTOR	000
PUMP	000
FUEL SOURCE	000
DETECTOR	000
RELIEF	000
STARTS STANDARD	000
ORIENTATION	000

PRINTED TIME

MISSISSIPPI POLICE DEPARTMENT
LABORATORY NUMBER: 000
DATE: 07-01-04

Operator Signature

Operator Signature

