



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

RECEIVED
 By Carol Day at 9:57 am, Oct 03, 2014

REPORT #5

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 950090 | NAME OF AGENCY Phelps Co. Sheriff's Dept. | DATE OF INSPECTION 9-27-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 500 W. 2ND Rolla, Mo | | TIME OF INSPECTION 2322 |

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) 9-27-14 2322 |
| <input checked="" type="checkbox"/> COMPUTER | <input type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C | <input type="checkbox"/> QUARTZ STANDARD |
| <input type="checkbox"/> FLOW DETECTOR | <input 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 Guth Labs | LOT # 13010 EXP. DATE 1-9-15 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34. °C | SIMULATOR SN SD 2275 EXP. DATE 1-29-15 |

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 .099 | TEST 2 .099 | TEST 3 .100 |
|--------------------|--------------------|--------------------|

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-.04) — | (.05-.09) — | (.10-.14) 2 | (.15-.19) 2 | OVER .19 — |
|------------|-----------|-------------|--------------------|--------------------|------------|

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).

N/A

| | |
|--|---|
| INSPECTING OFFICER | |
| SIGNATURE [Signature] | PRINT FULL NAME Paul J. Lambert |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240292 6-27-16 | TELEPHONE NUMBER 573-308-6213 |

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2675 James Blvd.
 Poplar Bluff, MO 63901**



GUTH LABORATORIES, INC.

550 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 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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.

BAC DataMaster Evidence Ticket

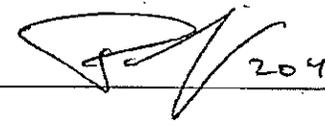
OFFICE OF THE DISTRICT ATTORNEY
STATE OF CALIFORNIA

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BAC DataMaster, Inc.
10000 Wilshire Blvd.
Suite 1000
Beverly Hills, CA 90210

LABORATORY INFORMATION

| | |
|----------------|----------|
| DESCRIPTION: | 0000 |
| QUANTITY: | 0000 |
| DATE RECEIVED: | 00/00/00 |
| ANALYST: | 0000 |
| LABORATORY: | 0000 |
| TESTS: | 0000 |
| RESULTS: | 0000 |
| DATE REPORTED: | 00/00/00 |
| OPERATOR: | 0000 |

FOR INFORMATION ONLY: THIS TICKET IS NOT VALID UNLESS IT IS SIGNED BY THE OPERATOR AND THE LABORATORY.

Operator Signature  204

BAC DataMaster Evidence Ticket

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE

BAC DATAMASTER SERIAL NUMBER: 1000000000
00000000

DATE OF SERVICE: 01/20/04
COURT CASE NUMBER: 04000000
CASE NUMBER: 000000
CHARGE: 000000
OFFENSE: 000000
VEHICLE: 000000

2 10:00:00 AM

| | | |
|------------|-------|----------|
| START TIME | 10:00 | 01/20/04 |
| END TIME | 10:05 | 01/20/04 |
| START DATE | 01/20 | 01/20/04 |
| END DATE | 01/20 | 01/20/04 |
| START TIME | 10:00 | 01/20/04 |
| END TIME | 10:05 | 01/20/04 |
| START DATE | 01/20 | 01/20/04 |
| END DATE | 01/20 | 01/20/04 |
| START TIME | 10:00 | 01/20/04 |
| END TIME | 10:05 | 01/20/04 |
| START DATE | 01/20 | 01/20/04 |
| END DATE | 01/20 | 01/20/04 |

10:00
10:05
01/20/04

Operator Signature _____





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

2

**PERMIT
 TYPE II**

PAUL J LAMBERT

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 6/27/2014

NUMBER 240292

EXPIRES 6/27/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 LAMBERT, PAUL
 Permit No 240292
 Date Issued 6/27/2014 Date Expires 6/27/2016