

RECEIVED

By Brian Lutmer at 8:16 am, Jan 22, 2015



BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

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.

| | | |
|-------------------------|---|----------------------------------|
| DATAMASTER SN 940160 | NAME OF AGENCY Willard Police Department | DATE OF INSPECTION 01/22/2015 |
|-------------------------|---|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 795 Hughes Rd. P.O. Box 187 Willard MO. 65781 | TIME OF INSPECTION 1:29 am |
|---|-------------------------------|

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) 01/22/2015 01:29 |
| <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 |

| |
|--|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
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| | | |
|--|-------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth | LOT # 14200 | EXP. DATE 08/05/2016 |
|--|-------------|----------------------|

| | | |
|---|---------------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C | SIMULATOR SN SD2262 | EXP. DATE 01/13/2016 |
|---|---------------------|----------------------|

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

| |
|---|
| <input checked="" type="checkbox"/> 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) 0 | (.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).

Simulator was replaced by Missouri Safety Center on 01-13-2015

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME Ronald M. Payne |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250029 01/20/2017 | TELEPHONE NUMBER (417) 742-3077 |

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

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940180
01/22/15
01:29

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (24-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 45C

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

START STRESS: OKAY

CALIBRATION: OKAY

PRINTER TEST
!#%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJK
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnop
PRINT*****()

Operator Signature *Audrey M. [Signature]*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940180
01/22/15

TESTING OFFICER:
FRANK MONALDINI
OFFICER I.D.# 1505
PERMIT NUMBER: 250029
EXPIRATION DATE: 01/20/17
MISCELLANEOUS DATA:

--- SUPERVISOR SIDE ---

BLANK TEST .000 001
INTERNAL STANDARD VERIFIED 001
EXTERNAL STANDARD .000 001
BLANK TEST .000 001
EXTERNAL STANDARD .100 001
BLANK TEST .000 001
EXTERNAL STANDARD .000 001
BLANK TEST .000 001

N = 0
SIM = 1
SYS. = 0000

Operator Signature *Audrey M. [Signature]*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940000
01/22/15

ARREST TIME: 02:00
SUBJECT NAME:
PIVTEST
DOB: 10/18/88 SER: M
STATE/ID: MO/123456789
ARRESTING OFFICER:
POYNE/SOURLIN
OFFICER I.D.: 1626
TESTING OFFICER:
FRANE/RUMBLEY
OFFICER I.D.: 1626
PERMIT NUMBER: 250229
EXPIRATION DATE: 01/20/17
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST 000 000
INTERNAL STANDARD VERIFIED 000
RADIO INTERFERENCE

Operator Signature *[Handwritten Signature]*



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 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.



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



PERMIT
TYPE II

RONALD M PAYNE

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 EC/IR II

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 1/20/2015

NUMBER 250029

EXPIRES 1/20/2017

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAQ-4, (06-10)

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 PAYNE, RONALD
Permit No 250029
Date issued 1/20/2015 Date Expires 1/20/2017