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By Carol Day at 10:49 am, May 05, 2016

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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	NAME OF AGENCY	DATE OF INSPECTION
201292	OWENSVILLE POLICE DEPARTMENT	05-01-2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
109 NORTH SECOND STREET OWENSVILLE	0044

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 05/01/16 00:44
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES, INC. LOT # 16040 EXP. DATE 01-20-2018
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD 2300 EXP. DATE 01-12-2017
- [x] 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)

- [x] 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	TEST 2	TEST 3
.102	.102	.103

- [x] 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)	(.15-.19)	OVER .19
0	0	0	1	0	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).

INSTRUMENT OPERATING PROPERLY WITHIN DEPARTMENT OF HEALTH AND SENIOR SERVICES GUIDELINES AND STANDARDS.

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
JSGriffith	JONATHAN SCOTT GRIFFITH
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
260143/03-15-2018	573-437-2195

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 **16040** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2016,** 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 **January 20, 2018** 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 **FN08051301** 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 MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
05/01/16
00:44

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST
!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
05/01/16

TESTING OFFICER:
GRIFFITH/JONATHAN/SCOTT
OFFICER I.D.: 104
PERMIT NUMBER: 260143
EXPIRATION DATE: 03/15/18
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	00:47
INTERNAL STANDARD	VERIFIED	00:47
EXTERNAL STANDARD	.102	00:48
BLANK TEST	.000	00:48
EXTERNAL STANDARD	.102	00:49
BLANK TEST	.000	00:49
EXTERNAL STANDARD	.103	00:50
BLANK TEST	.000	00:50

N = 3
SIM. = .1
AVG. = .1023

Operator Signature

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292
05/01/16

ARREST TIME: 00:15
SUBJECT NAME:
RFI/TEST
DOB: 09/09/09 SEX: M
STATE/D.L.: NA/NA
ARRESTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
GRIFFITH/JONATHAN/SCOTT
OFFICER I.D.: 104
PERMIT NUMBER: 260143
EXPIRATION DATE: 03/15/18
MISCELLANEOUS DATA:
RFI TEST
RFI TEST

---- BREATH ANALYSIS ---

BLANK TEST	.000	00:54
INTERNAL STANDARD	VERIFIED	00:54
RADIO INTERFERENCE		

Operator Signature

2208-02

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

JONATHAN S GRIFFITH

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 3/15/2016

NUMBER 260143

EXPIRES 3/15/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)