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By Carol Day at 12:58 pm, Mar 01, 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
950135	Richland POLICE DEPT	02/28/2016
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
201 S. CHESTNUT ST. RICHLAND MO 65556		13:40

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) 02/28/2016 13:40
- [x] COMPUTER — [x] DETECTOR
- [x] PROGRAM — [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 50 °C — [x] QUARTZ STANDARD
- [x] FLOW DETECTOR — [x] CALIBRATION
- [x] PUMP HIGH SPEED — [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES LOT # 15220 EXP. DATE 9/28/2017
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN DR 6931 EXP. DATE 12/11/2016
- [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
0.102	0.100	0.100

- [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	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).

THIS UNIT IS OPERATING WITHIN ESTABLISHED LIMITS

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME
David Mosca	DAVID MOSCA
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
250012 1/14/2017	573 765 4144

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

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
02/28/16

ARREST TIME: 13:15
SUBJECT NAME:
MOUSE/LYNN/K
DOB: 12/09/36 SEX: M
STATE/D.L.: MO/M666682345
ARRESTING OFFICER:
MOSER/DAVID
OFFICER I.D.: 406
TESTING OFFICER:
SAME
OFFICER I.D.: 406
PERMIT NUMBER: 250012
EXPIRATION DATE: 11/14/17
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:50
INTERNAL STANDARD	VERIFIED	13:50
RADIO INTERFERENCE		

Operator Signature David Moser

2208-02

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
02/28/16
13:40

--- DIAGNOSTIC 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:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature David Moser

2208

Face This Side Down – This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135
02/28/16

TESTING OFFICER:
MOSER/DAVID
OFFICER I.D.: 406
PERMIT NUMBER: 250012
EXPIRATION DATE: 11/14/17
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:43
INTERNAL STANDARD	VERIFIED	13:43
EXTERNAL STANDARD	.102	13:44
BLANK TEST	.000	13:45
EXTERNAL STANDARD	.100	13:45
BLANK TEST	.000	13:46
EXTERNAL STANDARD	.100	13:46
BLANK TEST	.000	13:47

N = 0
SIM. = .1
AVG. = .1006

Operator Signature David Moser

220

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 **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 2017** 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.

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

2

PERMIT
TYPE II

DAVID L MOSER

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 1/14/2015

NUMBER 250012

EXPIRES 1/14/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

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 MOSER, DAVID
Permit No 250012
Date Issued 1/14/2015 Date Expires 1/14/2017