MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN	DATE OF INSPECTION
LEXINGTON POLICE DEPT 201260	02/23/13
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
721 S. BUSINESS 13 HWY LEXINGTON MO 64067	1028

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 48 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] TIME AND DATE
- [x] SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.01
- [x] CALIBRATION CHECK -

  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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

  - [x] 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - [ ] 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

  (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
.101	.101	.100

- [x] PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
- [x] NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)
Ø	Ø	Ø	Ø	Ø	Ø

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)

MEETS DOHSS STANDARDS Guth Lab EXPIRES 09-05-14 LOT # 12170

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ [signature]	JOSH COEN
TYPE I PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220369 10/19/14	(660) 259-6321

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 **12170** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 11, 2012,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 5, 2014** 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 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 MISSOURI
LEXINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260
02/23/13

TESTING OFFICER:
COEN/JOSH/S
OFFICER I.D.: 308
PERMIT NUMBER: 220369
EXPIRATION DATE: 10/19/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:30
INTERNAL STANDARD	VERIFIED	10:30
EXTERNAL STANDARD	.101	10:31
BLANK TEST	.000	10:31
EXTERNAL STANDARD	.101	10:32
BLANK TEST	.000	10:33
EXTERNAL STANDARD	.100	10:33
BLANK TEST	.000	10:34

N = 3
SIM. = .1
AVG. = .1006

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LEXINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260
02/23/13

ARREST TIME: 10:00
SUBJECT NAME:
DOE/JOHN/S
DOB: 03/08/75 SEX: M
STATE/D.L.: MO/220369
ARRESTING OFFICER:
COEN/JOSH/S
OFFICER I.D.: 308
TESTING OFFICER:
COEN/JOSH/S
OFFICER I.D.: 308
PERMIT NUMBER: 220369
EXPIRATION DATE: 10/19/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:37
INTERNAL STANDARD	VERIFIED	10:37
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
LEXINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260
02/23/13
10:28

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS SAMPLE CHAMBER:	48c
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

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

JOSH S COEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/19/2012

Number 220369

Expires 10/19/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)