

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month NOV/DEC Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
11-22-16	JM	~550	~1480	~600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11-28-16	JM	~410	~1450	~530		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12-5-16	J	~2675 psi				Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/7/16	JM	2650	1400			Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/7/16	J			2075		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/9/16	GF	~2000	~1400	~1800		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/13/16	JM	2500	1400	1800		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/20/16	JM	2300	1375	1700		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/28/16	GF	2100	1390	1600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month NOV Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
11-1-16	Perkin Elmer				3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>Replaced Screens &amp; Keyboard on GC Side</u>
11-3-16	VM	~1000	~1500	~1090		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/7/16	SEL	900	1500	1020	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/8/16	VM	<del>~875</del> ~845	~1500	~990		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/9/16	VM	~860	~1498	~938		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/9/16	GF	~860	~1498	~900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/10/16	SEL	~820	1490	890	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/16/16	VM	~700	~1490	~800		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/17/16	SEL	~675	1480	750	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/18/16	SEL	650 670	1480	670	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11-24-16	VM	~6590 VM	~1480	~610		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month *October*

Year *2016*

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
10-3-16	UM	1720 <del>2770</del> JM	~1580	~1820		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-7-16	UM	~1705	~1540	~1630		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-13-16	UM	~1495	~1505	~1510	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-19-16	GF	~1320	~1505	~1420		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-27-16	UM	~1140	<sup>UM</sup> <del>1510</del> 1505	~1370		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-28-16	UM	~1130	~1501	~1200		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
Month September Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
9/1/16	GF	~2520	~1600	~360		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/7/16	GF	~2390	~1600	~300		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/9/16	GF	~2320	~1600	~260		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/14/16	GF	~2200	~1600	~230 <sup>2</sup> <sub>75</sub>		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/28/16	gm	~1950 <sup>8</sup> <sub>32</sub>	~1600	~2150		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/29/16	gm	~1850	~1590	~1900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month Aug Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
<del>8-8-16</del> 8-8-16	UM	~600	~1616	~700		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
<del>8-5-16</del> 8-5-16	UM	~580	~1605	~630		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8-4-16	UM	~490	~1605	~600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/26/16	GF	<del>22690</del> <del>2420</del> 2580	~1600	~420		Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/31/16	GF	~2580	~1600	~400		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month July Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
7/5/16	GF	~1300	~1650	~1690		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/12/16	GF	~1120	~1650	~1000		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/19/16	GF	~990	~1650	~900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/26/16	GF	~900	<sup>6</sup> ~1420 <sub>ps</sub>	~820		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/29/16	GF	~750	~1620	~790		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month June Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
6/1/16	UM	~2120	1695 ~1700 JM	~1590	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/2/16	GF	~2100	~1695	~1500		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/8/16						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> → due to stalled needle from power outage over weekend Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: replaced power supply - Perkin Elmer
6/9/16	GF	~1900	6 ~1790 JS	~1420		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/10/16	GF	~1900	~1690	~1390		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/20/16	GF	~1650	~1680	~1300		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/22/16	GF	~1600	~1680	~1220		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/28/16	GF	~1480	~1650	~1180		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month MAY Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
5/2/16	GF	~300	~1750	~2150	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/9/16	JS					Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: ~ 2720 psi
5/9/16	GF	~2720	~1700	~2000		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/12/16	Jm	~2690	~1700	~1990		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/16/16	GF	~2590	~1700	~1920		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5-24-16	Jm	~2400	~1700	~1830		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5-25-16	JM	~2360	~1700	~1800	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: Sealassy septa lower
5-26-16	Jm	~2280	~1700	~1720		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5-27-16	Jm	~2140	~1700	~1800 700		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5-31-16	GF	~2120	~1700	~1650		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:



**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month April Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
4/5/16	GF	~880	~1790	~750		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/11/16	GF	~720	~1790	~650		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/13/16	GF	~700	~1790	~600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/18/16	GF	~590	~1700	~550		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/21/16	B			~1560 <sup>20</sup> ~2230		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/21/16	GF	~510	~1750	~2230		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/26/16	GF	~400	~1750	~2200		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month 3 Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
3/22	JM	~1180	~1800	~1095	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/23	GF	~1150	~1800	~1000	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/24	GF	~1120	~1800	~950		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/25	GF	~1100	~1790	~900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/28	GF	~1050	~1790	~890		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/29	GF	~1010	~1790	~890		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month MARCH Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
3/1/16	GF	~1620	~1820	~1600	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/3/16	GF	~1590	~1810	~1550	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/7/16	GF	~1500	~1810	~1490	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/8/16	GF	~1480	~1810	~1490	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/9/16	gm	~1450	~1810	~1300		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/10/16	GF	~1420	~1810	~1300	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/14/16	GF	~1360	~1810	~1280	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/15/16	GF	~1310	~1810	~1220	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/16/16	GF	~1300	~1800	~1200	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/17/16	GF	~1300	~1800	~1180		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/18/16	GF	~1250	~1800	~1120		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month FEB Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
2/25/16	GF	~1700	~1820	~1810	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/26/16	GF	~1700	~1820	~1720	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month FEB

Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
2/1/16	ym	2320	1900	600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/3/16	ym	2300	1900	550		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/1/16	vm	~2260	~1900	~540		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/5/16	GF	~2200	1900	490		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/10/16	JS			~2090		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/10/16	GF	2100	1900	2090		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/12/16	GF	~2160	~1900	~2080		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/18/16	GF	~1910	~1890	<del>~1900</del> 90		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/19/16	GF	~1900	~1890	~1950		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
2/23/16	GF	~1820	~1800	<del>~1900</del> 90		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
Z-25-16	Perkin Elmer vm				3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month Jan. Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
1/29/16	GF	4 2000 25	1900	620	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month JAN Year 2016

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
1/5/16	zm	650	2000	1570		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/12/16	zm	500	1980	1350	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/14/16	zm	450	1950	1180		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/19/16	GF	2600	1920	930		Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> JS Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: 2600 psi
1/20/16	zm	2600	1920	900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/21/16	GF	2600	1920	890		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/22/16	GF	2580	1920	820		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/25/16	GF	2500	1920	750		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/26/16	zm	2500	1910	720		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/27/16	GF	2450	1910	690		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
1/28/16	GF	2410	1900	680		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month Dec Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
12/23	GF	950	2020	1880	<del>3</del> 4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/28	um	~810	~2010	1795	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/29	JS					Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>numatics tank</u>
12/30	GF	800	2000	1600	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:



**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month Dec Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
12/1	VM	1460	2120	990		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/2	GF	1420	2120	940		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/7	Perkin Elmer VM			400	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> <i>tightened fittings on recently replaced items</i> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <i>Replaced/tightened fittings on carrier gas going into instrument</i>
12/8	JS	1300	2120	790	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/9	JS	1275	2100	675	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/11	VM	1210	2090	410	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/15	JS			2200		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/15	VM	~1110	~2070	~2210	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/16	VM	~1100	~2040	~2120	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/18/15	DM	1050	2020	2100		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
12/21/15	VM	~1000	~2020	~2040	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month NOVEMBER Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
11/2/15	Zm	2110	2200	1550		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/3/15	GF	2100	2180	1390	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/4/15	GF	2090	2120	1320	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/9/15	Zm	1950	2120	1280		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/13/15	GF	1890	2120	1200	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/16/15	GF	1800	2120	1200	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/17/15	Zm	1790	2120	1180		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/19/15	GF	1720	2120	1100	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
11/23/15	Zm	1610	2120	1050		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month Oct Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
10/22/15	GF	2400	2220	2190	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/23/15	GF	2390	2220	2150	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
<del>10/21/15</del>	<del>gm</del> <i>Peakia</i>				<del>4</del> <i>4</i>	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input checked="" type="checkbox"/> Other: <del>Save out</del>
10/28/15	gm	2250	2210	2050		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/30/15	GF	2200	2190	1670	<del>GF</del> <del>4</del>	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month Oct. Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
10-1-15	vm	~690	~2405	~1900	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10-6-15	Perkin Elmer vm				3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>changed out Air Knobs</u>
10-6-15	Perkin Elmer vm				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> <u>removed carbon filter</u> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>added transfer line, heat zone, upgrade, G-TL Adapter new</u>
10/7/15	vm	500	2400	1550		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/8/15	GF	~250	2400	~1520	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/12/15	GF	2700	2300	~650	4	Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/14/15	vm	2600	2300	580		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/15/15	GF	2600	2290	540	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/18/15	Perkin Elmer vm				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>added manual pneumatics (new)</u>
10/20/15	vm	2450 <del>2280</del> vm	2280	2250		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
10/21/15	Perkin Elmer GF				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input checked="" type="checkbox"/> Other: <u>cut column, replaced o-ring, bake out</u>

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month *Sept*

Year *2015*

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
9-30-15	vm	~700	~2410	~1995	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month Sept Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
9-2-15	JM	~1540	~410	~880	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-3-15	JM	1350 ~1050 JM	~400	~650	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-9-15	JM	~1330	~390	~610	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9/10/15	JM	1290	~390	590		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-14-15	JM	~1150	~380	~540	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-17-15	JM	~1090	~350	~340	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-18-15	JM	~1020	~350	~300	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> and o-rings 9/10-8-15 Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: <u>Changed needle housing - done by perkin Elmer</u>
9-18-15	JM					Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-23-15	JM	~900	~2490	~2200	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-23-15	JM	~900	~2490	~2200	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
9-25-15	GF	~850	~2420	~2090	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month August Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
8/3/15	GF	2500	500	1720	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/5/15	UM	~2950	~490	~1700	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/6/15	JM	~2400	~490	~1670	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/7/15	UM	~2350 <del>~3500</del> JM	~490	~1580	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/10/15	UM	~2290	~490	~1510	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/12/15	GF	~2200	~490	~1420	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/14/15	JM	2150	490	1375	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/19/15	UM	~2000	~490	~1250	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/20/15	Perkin Elmer GF	~1900	~490	~1190	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input checked="" type="checkbox"/> Clip <input type="checkbox"/> Other:
8/24/15	UM	~1810	~440	~1090	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8/25/15	UM	~1800	~440	~1010	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month August

Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
8/25/15	JM				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: GC BAKOUT
8/20/15	GT	~1790	~430	~950	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
8-31-15	JM	~1590	~410	~890	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:



**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month JULY Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
7/7/15	GF	700	700	1900	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/8/15	gm	700	690	1810		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/9/15	GF	690	690	1550	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/14/15	gm	500	590	500		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: Flame on overnight
7/17/15	gm	400	550	2250		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/21/15	gm	2650	500	2200		Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/22/15	gm	2600	500	1975	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/23/15	gm	2600	500	1950		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/28/15	gm	2400	500	1820	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
7/29/15	gm					Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> ~2610 psi Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: No analysis. gm
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month June Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
6-1-15 5 JM	JM	~1800	~750	~870	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-3-15	GF	1750	750	750	34 gt 6/4/15	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-4-15	VM	~1700	~720	~700	43 JM	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/5/15	JM	1690	710	700	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/8/15	GF	1400	710	600	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/9/15	JM	~1560	~705	~600	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6/9/15	GF	~1550	~705	~520	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-11-15	JM	~1490	~700	~490	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-16-15	JM	~1350	~700	~450	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-24-15	JM	~1090	~700	~2280	5	Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
6-30-15	JM	~940	~690	~2000	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month may Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
5-6-15	JM	2630 <del>2390</del> JM	800	1570 HJM		Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/13/15	JM	2400	780	1500		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/14/15	GF	2390	700	1220		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/19/15	JM	2200	750	1200		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5-21-15	perkin Elmer JM				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input checked="" type="checkbox"/> <sup>Both ends</sup> Other: <u>cleaned/sonicated adaptor, cleaned needle housing</u>
5-26-15	GF	2000	750	1000	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/27/15	JM	2000	750	980		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
5/28/15	GF	1950	750	900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section  
BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**

Month APRIL Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
4/1/15	fm	1400	850	720		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/14/15	dm	1020	810	400		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/16/15	fm	950	810	2100		Changed Tank: Air <input checked="" type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/20/15	dm	810	810	2100		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/21/15	dm	800	810	2000		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/27/15	dm	610	800	1900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
4/30/15	dm	550	800	1650		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

**San Diego Police Department Forensic Science Section**  
**BLOOD ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month MARCH Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
3/2/15	Jm	2300	950	2100		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/3/15	Jm	2280	950	2050		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/4/15	Jm	2200	9 <sup>5</sup> Ø Jm	1900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/5/15	Jm	2200	920	1710		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/12/15 3/12/15	Jm Jm	2000	900	1600	GC4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input checked="" type="checkbox"/> Column: Change <input checked="" type="checkbox"/> Clip <input type="checkbox"/> Other: New adaptor → all work done by perkin Elmer
3/13/15	Jm	1950	900	1500		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/17/15	Jm Jm	1850	900	1300	GC3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: New AC Distribution Board - perkin Elmer
3/18/15	Jm	1800	900	1300	GC3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other: Standards run. Ready for use Jm
3/19/15	Jm	1780	900	1000		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/23/15	Jm	1650	900	900		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:
3/27/15	Jm	1550	850	800		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other:

San Diego Police Department  
**BLOOD/URINE ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month 2 Year 2013

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
2/2/15	um	820	1070	1500		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
2/3/15	um	800	1070	1410		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
2/5/15	um w/ perkin Elmer				4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input checked="" type="checkbox"/> Other <i>run column, changed 3 ferrules</i>
2/10/15	groy	600	1025	1100	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>fan separation mix K3 - set retention times</i>
2/11/15	um	580	1025	1080		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
2/12/15	um	520	1010	820	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> <i>Septa before um</i> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> <u>Column</u> Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>Blank had extra peaks after maintenance on 2-5-15 run STDs &amp; controls</i>
2/12/15	um	same	same	same	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>also changed <sup>lower um</sup> seal ASSY. before STDs &amp; controls were run.</i>
2/17/15	um	400	1000	800	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>peaks were not coming down to baseline</i>
2/17/15	groy	2700	1000	700		Changed Tank: Air <input type="checkbox"/> He <input checked="" type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>changed um</i>
2/17/15	um	<del>2700</del> <sup>um</sup>			4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input checked="" type="checkbox"/> Other <i>changed upper seal ASSY</i>
2/18/15	um	2700	1000	700	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> <i>GC-4 out of service</i> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>moved column out of headspace a little</i>

G:\Laboratory\Jennifer\Forms\Alcohol  
 on 2/12/15 - some peaks um

San Diego Police Department  
 BLOOD/URINE ALCOHOL GC RUN/MAINTENANCE LOG  
 Month 2 Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
2/19/15	JM	2620	1000	700	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>changed carrier gas from 40 PSI to 25 PSI</i>
2/19/15	JM	<del>2600</del> JM		JM	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>running each part of Specificity mix to determine retention times</i>
20JM 2/19/15	JM	2600	990	500	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>retention time changed for each substance in Specificity mix</i>
2/20/15	JM	<del>25</del> JM 2-23-15		<del>300</del> JM 2-23-15	4	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>run 1st set of standards for uncertainty of measurement</i>
2/23/15	JM	2500	990	300		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>run 2nd set of standards for uncertainty of measurement</i>
2/24/15	JM	2500	990	2250		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
2/25/15	JM	2420	970	2250		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
2/27/15	JM	2380	950	2150	3	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other <i>Controls run - in use GC 3 JM</i>
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other

San Diego Police Department  
**BLOOD/URINE ALCOHOL GC RUN/MAINTENANCE LOG**  
 Month 1 Year 2015

Date	Analyst Initials	Tank Volume (psi)			GC	Maintenance
		He	H <sub>2</sub>	Air		
1/5/15	UM	1700	1110	2100		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/13/15	UM	1450	1110	2010		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/15/15	UM	1390	1110	1960		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/21/15	UM	1200	1110	1890		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/23/15	UM	1120	1110	1810		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/26/15	UM	1050	1100	1750	4UM 2-6-15	Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input checked="" type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other GC Bakeout
1/27/15	UM	1000	1100	1690		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/28/15	UM	990	<del>1090</del> 990	1600		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
1/29/15	UM	950	1090	1520		Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other
						Changed Tank: Air <input type="checkbox"/> He <input type="checkbox"/> H <sub>2</sub> <input type="checkbox"/> Changed: O Rings <input type="checkbox"/> Septa <input type="checkbox"/> Needle <input type="checkbox"/> Column: Change <input type="checkbox"/> Clip <input type="checkbox"/> Other