



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

RECEIVED
 By Carol Day at 2:11 pm, Jan 27, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to be done more than once per month).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|---|---|
| DATAMASTER SN 201213 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 01-24-2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Apton-Southwest Precinct: 928 Gravois Road St. Louis, MO 63123 | | TIME OF INSPECTION 21:01 |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) 01/24/14 21:01 |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **Guth Laboratories** LOT # **13210** EXP. DATE **07-29-2015**

SIMULATOR TEMP (34°C ± 0.2°C) **34.0** °C SIMULATOR SN **SD2689** EXP. DATE **07-10-2014**

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

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

| | | |
|----------------------|----------------------|----------------------|
| TEST 1 = .096 | TEST 2 = .096 | TEST 3 = .096 |
|----------------------|----------------------|----------------------|

PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|------------|-----------|-------------|-------------|-------------|------------|
| REFUSALS - | (0-.04) - | (.05-.09) - | (.10-.14) - | (.15-.19) - | OVER .19 - |
|------------|-----------|-------------|-------------|-------------|------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

| | |
|---|---|
| INSPECTING OFFICER | |
| SIGNATURE D. Rose 2721 | PRINT FULL NAME Officer D. Rose, DSN 5721 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230253 / 11-12-2015 | TELEPHONE NUMBER (314) 889-2341 |

RETURN COMPLETED REPORT TO THE:
 Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201213
01/24/14
21:01

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJK
LMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

P. Rose 21-1

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201213
01/24/14

TESTING OFFICER:
ROSE/D
OFFICER I.D.: 2721
PERMIT NUMBER: 230253
EXPIRATION DATE: 11/12/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 21:10 |
| INTERNAL STANDARD | VERIFIED | 21:10 |
| EXTERNAL STANDARD | .096 | 21:11 |
| BLANK TEST | .000 | 21:11 |
| EXTERNAL STANDARD | .096 | 21:12 |
| BLANK TEST | .000 | 21:12 |
| EXTERNAL STANDARD | .096 | 21:13 |
| BLANK TEST | .000 | 21:13 |

N = 3
SIM. = .1
AVG. = .096

Operator Signature

P. Rose 21-1

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201213
01/24/14

ARREST TIME: 19:02
SUBJECT NAME:
RFI/TEST
DOB: 07/07/07 SEX: M
STATE/D.L.: MO/NA
ARRESTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
ROSE/D
OFFICER I.D.: 2721
PERMIT NUMBER: 230253
EXPIRATION DATE: 11/12/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 21:20 |
| INTERNAL STANDARD | VERIFIED | 21:20 |
| RADIO INTERFERENCE | | |

Operator Signature Re J Rose 2721

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201213
01/24/14

ARREST TIME: 19:02
SUBJECT NAME:
SELF/TEST
DOB: 07/07/07 SEX: F
STATE/D.L.: MO/NA
ARRESTING OFFICER:
NA
OFFICER I.D.: NA
TESTING OFFICER:
ROSE/D
OFFICER I.D.: 2721
PERMIT NUMBER: 230253
EXPIRATION DATE: 11/12/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 21:23 |
| INTERNAL STANDARD | VERIFIED | 21:23 |
| SUBJECT SAMPLE | .094 | 21:24 |
| BLANK TEST | .000 | 21:25 |

Operator Signature Re J Rose 2721



GUTH LABORATORIES, INC.

880 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



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



PERMIT
TYPE II
DAVID M ROSE

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

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES