



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

RECEIVED 3/24/14-CD REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to be completed when 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.

**REVIEWED**  
 By Carol Day at 3:26 pm, Apr 01, 2014

DATAMASTER SN <b>204046</b>	NAME OF AGENCY <b>ST. LOUIS COUNTY POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>03.18.2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>NORTH COUNTY PRECINCT - 11815 BENHAM ST. LOUIS, MO 63138</b>		TIME OF INSPECTION <b>0718</b>

**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) <b>03.18.2014 0718</b>
<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 <b>49</b> °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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GUTH LABORATORIES</b> LOT # <b>13210</b> EXP. DATE <b>07.29.2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD3635</b> EXP. DATE <b>10.11.2014</b>

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 • <b>0.100</b>	TEST 2 • <b>0.101</b>	TEST 3 • <b>0.101</b>
-----------------------	-----------------------	-----------------------

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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>1</b>	(.10-.14) <b>1</b>	(.15-.19) <b>2</b>	OVER .19 <b>1</b>
-------------------	------------------	--------------------	--------------------	--------------------	-------------------

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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>P.O. WOOLFOLK 3932</b>	PRINT FULL NAME <b>P.O. WOOLFOLK 3932</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230235 10.17.2015</b>	TELEPHONE NUMBER <b>314.889.2341</b>

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

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204046  
03/18/14  
07:19

### --- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature P.O. # 3932

2208-02

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204046  
03/18/14

ARREST TIME: 06:00

SUBJECT NAME:

RFI/TESR

DOB: 01/01/01

SEX: F

STATE/D.L.: MO/

ARRESTING OFFICER:

WOOLFOLK

OFFICER I.D.: 3932

TESTING OFFICER:

WOOLFOLK

OFFICER I.D.: 3932

PERMIT NUMBER: 230235

EXPIRATION DATE: 10/17/15

MISCELLANEOUS DATA:

### --- BREATH ANALYSIS ---

BLANK TEST .000 07:35  
INTERNAL STANDARD .000 07:35  
SUBJECT SAMPLE .000  
RADIO INTERFERENCE 07:35

Operator Signature P.O. # 3932

2208-02

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204046  
03/18/14

TESTING OFFICER:

WOOLFOLK

OFFICER I.D.: 3932

PERMIT NUMBER: 230235

EXPIRATION DATE: 10/17/15

MISCELLANEOUS DATA:

### --- SUPERVISOR MODE ---

BLANK TEST .000 07:21  
INTERNAL STANDARD .000 07:22  
EXTERNAL STANDARD .100 07:22  
BLANK TEST .000 07:23  
EXTERNAL STANDARD .101 07:23  
BLANK TEST .000 07:23  
EXTERNAL STANDARD .101 07:24  
BLANK TEST .000 07:24

N = 3

SIM. = .1

RMG. = .1006

Operator Signature P.O. # 3932



**GUTH LABORATORIES, INC.**

590 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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

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

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



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

2

PERMIT  
 TYPE II

STEPHANIE M WOOLFOLK

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

DATAMASTER

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

DATE 10/17/2013

NUMBER 230235

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (8-10)

LAB-4 (R6-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator WOOLFOLK, STEPHANIE  
 Permit No 230235  
 Date Issued 10/17/2013 Date Expires 10/17/2015