



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

RECEIVED
By Carol Day at 10:01 am, Sep 29, 2014

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|---|---|
| INTOX DMT SN 500001 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 09/25/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) North County Precinct - 11815 Benham Rd, St. Louis | | TIME OF INSPECTION 13:38:02 |

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

| | |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD | |
| DATE AND TIME <u>09/25/2014 13:38:04</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>46.7°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

| | |
|--|---|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input checked="" type="checkbox"/> SIMULATOR STANDARD | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | |
|---|----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u> | LOT # <u>14030</u> | EXP. DATE <u>01/20/2016</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD3635</u> | SIMULATOR EXP DATE <u>07/16/2015</u> |

| |
|---|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. 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 being used. |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE |

| | | |
|----------------------|----------------------|----------------------|
| TEST 1: 0.101 | TEST 2: 0.100 | TEST 3: 0.101 |
|----------------------|----------------------|----------------------|

| |
|---|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST |
|---|

| | | | | | |
|--|----------|------------|-----------|------------|-------------|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | |
| REFUSALS: 0 | 0-.04: 1 | .05-.09: 0 | 10-.14: 0 | .15-.19: 4 | OVER .19: 1 |

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 <i>PO Woolfolk</i> | PRINT FULL NAME PO WOOLFOLK | |
| TYPE II PERMIT NUMBER 230235 | EXPIRATION DATE 10/17/2015 | 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

FORM #11

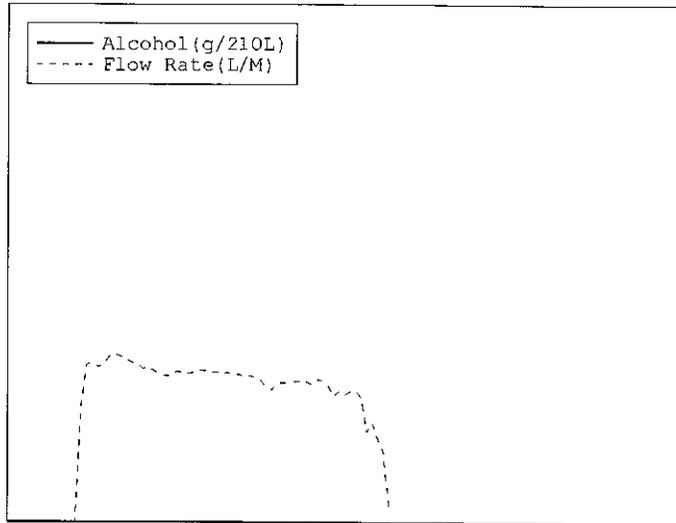
| | | | | |
|--|---------------------------------------|------------------------------------|-------------------------------|--------------------------|
| LOCATION OF INSTRUMENT North County Precinct - 11815 Benham Rd, St. Louis | | INSTRUMENT SERIAL NUMBER 500001 | DATE OF TEST 09/25/2014 | TIME OF TEST 13:50:12 |
| SUBJECT NAME SOBER TEST | | | DATE OF BIRTH 01/01/1901 | |
| SEX F | SUBJECT DRIVER'S LICENSE NUMBER NA | | STATE MO | |
| ARRESTING OFFICER PO WOOLFOLK | | ARRESTING OFFICER ID 3932 | | |
| OPERATOR PO WOOLFOLK | | OPERATOR PERMIT 230235 | PERMIT EXP DATE 10/17/2015 | |

OPERATIONAL CHECKLIST: INTOX DMT

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by PO WOOLFOLK. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready <Push Run>".
- 4. Press the Run button on the display screen.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow" and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

| | | |
|----------------------------|----------|-------|
| BLANK TEST | 0.000 | 13:51 |
| INTERNAL STANDARD | VERIFIED | 13:51 |
| SUBJECT SAMPLE (Vol=2.52L) | 0.000 | 13:51 |
| BLANK TEST | 0.000 | 13:52 |



COMMENTS

CERTIFICATION BY OPERATOR

BAC
0.000

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

| | |
|--|--------------------|
| SIGNATURE OF OPERATOR <i>POA 3932</i> | DATE 09/25/2014 |
| WITNESS (IF ANY) | DATE 09/25/2014 |



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2016** 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 $0.100 \text{ g}/210\text{L} \pm 3\%$.

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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).



Technician Printed Name: Donald D. DeBoer

Technician Signature: Donald D. DeBoer

Date: 7/16/14

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



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

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**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, INTOX DMT

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

MO 680-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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**