



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

RECEIVED

REPORT # 5

By Carol Day at 1:26 pm, Apr 28, 2014

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.

DATAMASTER SN 990130	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 04-16-2014
LOCATION OF INSTRUMENT (STREET AND CITY) JENNINGS PRECINCT - 5445 JENNINGS STATION RD St. Louis, MO 63136		TIME OF INSPECTION 1453

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) 04-16-2014 1453
<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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13210 EXP. DATE 07-29-2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3035 EXP. DATE 10-11-2014

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 • 0.099	TEST 2 • 0.100	TEST 3 • 0.101
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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	(.0-.04) 1	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	OVER .19 0
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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 P.O. # 3932	PRINT FULL NAME P.O. Woolfolk 3932
TYPE II PERMIT NUMBER/EXPIRATION DATE 230235 10-17-2015	TELEPHONE NUMBER 314.689.2341

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**

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 980130
04/16/14

TESTING OFFICER:
MOOLFOLK
OFFICER I.D.: 3932
PERMIT NUMBER: 230235
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 14:57
INTERNAL STANDARD VERIFIED 14:57
EXTERNAL STANDARD .000 14:57
BLANK TEST .000 14:58
EXTERNAL STANDARD .100 14:58
BLANK TEST .000 14:59
EXTERNAL STANDARD .101 14:59
BLANK TEST .000 15:00

N = 3
SIM. = .1
RMG. = .1

Signature PO # 3932

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 980130
04/16/14
14:53

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS:
SAMPLE CHAMBER: 49c
FLUID DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
REPORTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

HIJKLMNOPQRSTUVWXYZ* _ abcdefghijklmno
pqrstuvwxyz{|}~+

Signature PO # 3932

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATAMASTER SERIAL NUMBER 980130
04/16/14

ARREST TIME: 14:00

SUBJECT NAME:
REL/TEST
DOB: 01/01/01 SEX: F
STATE/D.L.: MO/
ARRESTING OFFICER:
MOOLFOLK
OFFICER I.D.: 3932
TESTING OFFICER:
MOOLFOLK

OFFICER I.D.: 3932
PERMIT NUMBER: 230235
EXPIRATION DATE: 10/17/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 15:03
INTERNAL STANDARD VERIFIED 15:03
SUBJECT SAMPLE .000 15:04
RPOD INTERFERENCE

Signature PO # 3932

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GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • 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

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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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

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