



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

RECEIVED
 By Carol Day at 7:56 am, Oct 30, 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 980130	NAME OF AGENCY ST. LOUIS COUNTY POLICE DEPARTMENT	DATE OF INSPECTION 10-29-2014
LOCATION OF INSTRUMENT (STREET AND CITY) JENNINGS PRECINCT - 5445 JENNINGS STATION RD ST. LOUIS, MO 63134		TIME OF INSPECTION 0730

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) 10.29.2014 0730
<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 # 14030 EXP. DATE 01.20.2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C	SIMULATOR SN SD3635 EXP. DATE 07.16.2015

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) 0	(.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. Woolfolk 3932	PRINT FULL NAME P.O. WOOLFOLK 3932
TYPE II PERMIT NUMBER/EXPIRATION DATE 230235 10.17.2015	TELEPHONE NUMBER 314.869.2341

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 DATRMASTER SERIAL NUMBER 980130
10/29/14

ARREST TIME: 07:00
SUBJECT NAME:
RFI/TEST

DOB: 01/01/01 SEX: F

STATE/D.L.: MO/
ARRESTING OFFICER:
WOLFFOLK

OFFICER I.D.: 3932
TESTING OFFICER:
WOLFFOLK

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

--- BREATH ANALYSIS ---

BLANK TEST .000 07:39
INTERNAL STANDARD .000 07:39
SUBJECT SAMPLE .000 07:40
RADIO INTERFERENCE

Operator Signature P.O. # 3932

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATRMASTER SERIAL NUMBER 980130
10/29/14
07:39

--- 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
!###2'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgshijklmnop
q-rstuvwxyz{|}~**

Operator Signature P.O. # 3932

2208-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATRMASTER SERIAL NUMBER 980130
10/29/14

TESTING OFFICER:

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

--- SUPERVISOR MODE ---

BLANK TEST .000 07:32
INTERNAL STANDARD .000 07:32
EXTERNAL STANDARD .000 07:32
BLANK TEST .000 07:32
EXTERNAL STANDARD .000 07:32
BLANK TEST .000 07:32
EXTERNAL STANDARD .000 07:32
BLANK TEST .000 07:32

N = 3
SIM. = .1
RMS. = .1

Operator Signature P.O. # 3932

2208-02



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, INTOX DMT

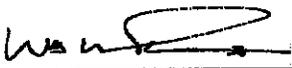
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/17/2013

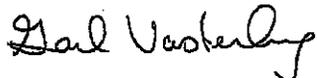
NUMBER 230235

EXPIRES 10/17/2015

MO 580-0771 (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**



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-594-5470

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 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:

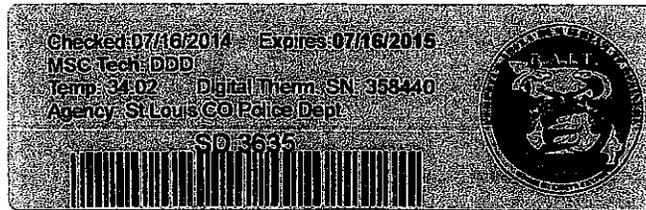
Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

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.



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