



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

**RECEIVED**

By Carol Day at 11:40 am, Dec 08, 2014 PORT #6

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 <b>990130</b>	NAME OF AGENCY <b>ST. LOUIS COUNTY POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>11.30.2014</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>JENNINGS PRECINCT - 5445 JENNINGS STATION RD ST. LOUIS, MO 63136</b>	TIME OF INSPECTION <b>1000</b>
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**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>11.30.2014 1000</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>GLUHA LABORATORIES</b> LOT # <b>14030</b> EXP. DATE <b>01.20.2016</b>

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD 3635</b> EXP. DATE <b>07.16.2015</b>
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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>0.101</b>	TEST 2 = <b>0.101</b>	TEST 3 = <b>0.101</b>
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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	<b>1</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>0</b>	OVER .19	<b>2</b>
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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).

<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>314.689.2341</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 DATA MASTER SERIAL NUMBER 980130  
11/30/14

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

--- SUPERVISOR MODE ---

BLANK TEST .000 10:03  
INTERNAL STANDARD VERIFIED 10:04  
EXTERNAL STANDARD .101 10:04  
BLANK TEST .000 10:05  
EXTERNAL STANDARD .101 10:05  
BLANK TEST .000 10:05  
EXTERNAL STANDARD .101 10:05  
BLANK TEST .000 10:06  
EXTERNAL STANDARD .101 10:06  
BLANK TEST .000 10:07  
N = 3  
STM = .1  
RMG = .101

Motor Signature P.O. # 3932  
2209-02

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 980130  
11/30/14  
10:00

--- 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:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
pqrs-tuvwxyz{|}~\*+,-./0123456789:;<=>?@

Motor Signature P.O. # 3932  
2209-02

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 980130  
11/30/14

PRETEST TIME: 09:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/01 SEX: F  
STATE/D.L.: MO/  
ARRESTING OFFICER:  
MOULFOLK  
OFFICER I.D.: 3932  
TESTING OFFICER:  
MOULFOLK  
OFFICER I.D.: 3932  
PERMIT NUMBER: 230235  
EXPIRATION DATE: 10/17/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 10:11  
INTERNAL STANDARD VERIFIED 10:11  
SUBJECT SAMPLE .000 10:11  
RADIO INTERFERENCE

Motor Signature P.O. # 3932  
2209-02



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### 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



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 (6-10)

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