



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

REPORT #6

**RECEIVED**

By Carol Day at 9:53 am, Dec 18, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) and 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>980130</b>	NAME OF AGENCY <b>ST. LOUIS COUNTY POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>12.29.2014</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>JENNINGS Precinct - 5445 JENNINGS STATION Rd St. Louis, MO 63134</b>	TIME OF INSPECTION <b>1533</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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) **12.29.2014 1533**

COMPUTER  DETECTOR

PROGRAM  FILTERS

HEATERS SAMPLE CHAMBER **49** °C  QUARTZ STANDARD

FLOW DETECTOR  CALIBRATION

PUMP HIGH SPEED  PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH LABORATORIES** LOT # **14030** EXP. DATE **01.20.2016**

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 • <b>0.101</b>	TEST 2 • <b>0.102</b>	TEST 3 • <b>0.102</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>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>2</b>	(.15-.19)	<b>2</b>	OVER .19	<b>1</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).

INSPECTING OFFICER

SIGNATURE <b>P.O. [Signature] 3932</b>	PRINT FULL NAME <b>P.O. Woodruff 3932</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230235 10.17.2015</b>	TELEPHONE NUMBER <b>314.889.2341</b>
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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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 980130  
12/29/14  
15:33

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 49C  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTORS: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!##%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg hijklmno  
pqrstuvwxyz{|}~\*\*

ATOR SIGNATURE *P.O. # 3932*  
Book No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1495, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 980130  
12/29/14

TESTING OFFICER:

MOULFOLK  
OFFICER I.D.#: 3932  
PERMIT NUMBER: 230235  
EXPIRATION DATE: 10/18/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST  
INTERNAL STANDARD  
EXTERNAL STANDARD  
BLANK TEST  
EXTERNAL STANDARD  
BLANK TEST  
EXTERNAL STANDARD  
BLANK TEST  
N = 3  
SIM. = .1  
RMSE = .1016

ATOR SIGNATURE *P.O. # 3932*  
Book No.

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P.O. BOX 1495, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT  
BAC DATA MASTER SERIAL NUMBER 980130  
12/29/14

ARREST TIME: 15:00

SUBJECT NAME:  
PFI/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  
INTERNAL STANDARD  
SUBJECT SAMPLE  
RPOD INTERFERENCE  
.000  
VERIFIED  
15:4  
.000  
15:4

ATOR SIGNATURE *P.O. # 3932*  
Book No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1495, MANSFIELD, OH 44901



## GUTH LABORATORIES, INC.

690 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°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



## 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. DeBoard

Technician Signature: Donald D. DeBoard

Date: 7/16/14

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834