



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

RECEIVED
 By Carol Day at 8:33 am, May 12, 2014

REPORT #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 990040	NAME OF AGENCY Republic Police Department	DATE OF INSPECTION 04/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 540 Civic Blvd Republic		TIME OF INSPECTION 1:30 pm

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) <u>04/30/2014 @ 1:58PM</u>
<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 <u>Guth Laboratories</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD3326</u> EXP. DATE <u>08/07/2014</u>

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 .097	TEST 2 .096	TEST 3 .097
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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	1	(0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	2	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 #097	PRINT FULL NAME Jennifer L. Stephens
TYPE II PERMIT NUMBER/EXPIRATION DATE 230170 08/14/15	TELEPHONE NUMBER (417) 732-3979

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

PERMIT
TYPE II

JENNIFER L STEPHENS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s)

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

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 8/14/2013

NUMBER 230170

EXPIRES 8/14/2015

MO 580-0771 (E 10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAE-4 (RE 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: STEPHENS, JENNIFER
Permit No. 230170
Date Issued 8/14/2013 Date Expires 8/14/2015



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 **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** 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.

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
REPUBLIC POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990040
04/30/14

TESTING OFFICER:
STEPHENS/JENNIFER/L
OFFICER I.D.: 097
PERMIT NUMBER: 230170
EXPIRATION DATE: 08/14/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:00
INTERNAL STANDARD	VERIFIED	14:00
EXTERNAL STANDARD	.097	14:01
BLANK TEST	.000	14:01
EXTERNAL STANDARD	.096	14:02
BLANK TEST	.000	14:03
EXTERNAL STANDARD	.097	14:03
BLANK TEST	.000	14:04

N = 3
SIM. = .1
AVG. = .0966

Operator Signature *Jennifer L. Stephens #0917*

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
REPUBLIC POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990040
04/30/14
13:58

--- 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:;<=>?@ABCDEFGHIJKL
MNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~*

Operator Signature *Jennifer L. Stephens #0917*

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
REPUBLIC POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990040
04/30/14

ARREST TIME: 12:00
SUBJECT NAME:
TEST/ONE
JOB: 09/18/78 SEX: M
STATE/D.L.: MO/P09876542
ARRESTING OFFICER:
STEPHENS/JENNIFER/L
OFFICER I.D.: 097
TESTING OFFICER:
STEPHENS/JENNIFER/L
OFFICER I.D.: 097
PERMIT NUMBER: 230170
EXPIRATION DATE: 08/14/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

J.P.L. Stephens #0917

IN THE CIRCUIT COURT OF GREENE COUNTY, MISSOURI
MUNICIPAL DIVISION AT REPUBLIC

AFFIDAVIT

STATE OF MISSOURI)
) SS
COUNTY OF GREENE)

Before me, the undersigned authority, personally appeared Jennifer Stephens, who, being by me duly sworn, deposed as follows:

My name is Jennifer Stephens, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the Republic Police Department Datamaster. Attached hereto is/are 5 page(s) consisting of the following records that are kept by the Republic Police Department in the regular course of business, and it was the regular course of business of the Republic Police Department for an employee or representative of the Republic Police Department with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached are the original or exact duplicates of the originals of the 04/30/2014 Datamaster Report.

Jennifer L. Stephens #047

Custodian of Records

In witness whereof I have hereunto subscribed my name and affixed my official seal this 30th day of April, 2014.

Jennifer L. Dishman
Notary Public

My Commission expires 7-30-2017

