

RECEIVED

By Brian Lutmer at 2:27 pm, Jan 27, 2015



BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

REPORT #

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<br>201300 | NAME OF AGENCY<br>St. James Police Department | DATE OF INSPECTION<br>01/23/2015 |
|-------------------------|---|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>200 N. Bourbeuse Street, St. James | TIME OF INSPECTION<br>4:41 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) 01/23/15 4:41 pm      |
| <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 48.0 °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 # 14220 | EXP. DATE 09/24/2016 |
|---|-------------|----------------------|

|   |                     |                      |
|---|---------------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C | SIMULATOR SN SD2766 | EXP. DATE 11/24/2015 |
|---|---------------------|----------------------|

|   |
|---|
| <input checked="" type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE   |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE  |

|             |             |             |
|-------------|-------------|-------------|
| TEST 1 .103 | TEST 2 .104 | TEST 3 .104 |
|-------------|-------------|-------------|

|   |
|---|
| <input checked="" type="checkbox"/> 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 |
|------------|-----------|-------------|-------------|-------------|------------|

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<br>  | PRINT FULL NAME<br>Sgt. Roger A. Jarrett |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240394 11/13/2016 | TELEPHONE NUMBER<br>(573) 265-7012       |

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

Evidence Ticket

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

DAG DATAMASTER SERIAL NUMBER 201300  
01/23/16

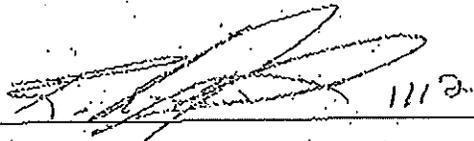
TESTING OFFICER:  
JARRETT, ROGER/A  
OFFICER I.D.: 1112  
PERMIT NUMBER: 240394  
EXPIRATION DATE: 11/13/16  
MISCELLANEOUS DATA:  
N  
N

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 16:45 |
| INTERNAL STANDARD | VERIFIED | 16:45 |
| EXTERNAL STANDARD | .103     | 16:45 |
| BLANK TEST        | .000     | 16:46 |
| EXTERNAL STANDARD | .104     | 16:47 |
| BLANK TEST        | .000     | 16:47 |
| EXTERNAL STANDARD | .104     | 16:48 |
| BLANK TEST        | .000     | 16:48 |

N = 3  
S.D. = .1  
AVG. = .1036

Operator Signature



Evidence Ticket

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

DAG DATAMASTER SERIAL NUMBER 201300  
01/23/16  
16:41

--- DIAGNOSTIC CHECK ---

|                       |      |
|-----------------------|------|
| COMPUTER:             | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS               |      |
| SAMPLE CHAMBER:       | 48c  |
| FLOW DETECTOR:        | OKAY |
| PUMP                  |      |
| HIGH SPEED:           | OKAY |
| DETECTOR:             | OKAY |
| FILTERS:              | OKAY |
| QUARTZ STANDARD:      | OKAY |
| CALIBRATION:          | OKAY |

PRINTER TEST

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

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
SAINT JAMES POLICE DEPARTMENT

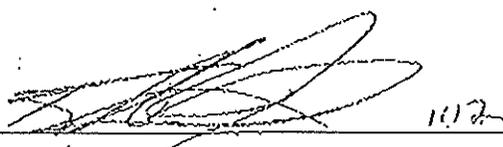
BAC DATAMASTER SERIAL NUMBER 281399  
01/23/15

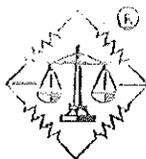
ARREST TIME: 16:00  
SUBJECT NAME:  
JARRETT/ROGER/A.  
DOB: 09/08/74 SEX: M  
STATE/D.L.: MO/V103356002  
ARRESTING OFFICER:  
JARRETT/ROGER/A  
OFFICER I.D.: 1112  
TESTING OFFICER:  
JARRETT/ROGER/A  
OFFICER I.D.: 1112  
PERMIT NUMBER: 240394  
EXPIRATION DATE: 11/13/16  
MISCELLANEOUS DATA:  
N  
N

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 16:54 |
| INTERNAL STANDARD  | VERIFIED | 16:54 |
| RADIO INTERFERENCE |          |       |

Operator Signature





GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 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 FN08051301 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



**PERMIT**  
**TYPE II**

**ROGER A JARRETT**

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 308.111 through 308.119 RSMo.

DATE 11/13/2014

NUMBER 240394

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES