



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

**RECEIVED** REPORT #6  
 By Carol Day at 10:56 am, Mar 16, 2015

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 204050	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 03/13/2015
LOCATION OF INSTRUMENT (STREET AND CITY) BAT Van - 669 Salt Mill Road, Town & Country, MO 63017		TIME OF INSPECTION 11:03 am

**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) 03/13/15 11:03
<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 50 °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 SD2689 EXP. DATE 07/17/2015

**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 ● .096	TEST 2 ● .097	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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
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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 D. Rose	PRINT FULL NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 230253 11/12/2015	TELEPHONE NUMBER (314) 889-2341

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

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204050  
03/13/15  
11:03

----- DIAGNOSTIC CHECK -----

COMPUTER: OKAY

PROGRAM (04-07-2000): OKAY

HEATERS  
SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrsstuvwxyz{|}~`

Operator Signature

*P. J. ROSE 2721*

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204050  
03/13/15

TESTING OFFICER:  
ROSE/D  
OFFICER I.D.# 2721  
PERMIT NUMBER: 230253  
EXPIRATION DATE: 11/12/15  
MISCELLANEOUS DATA:

----- SUPERVISOR NODE -----

BLANK TEST	.000	11:39
INTERNAL STANDARD	VERIFIED	11:39
EXTERNAL STANDARD	.096	11:39
BLANK TEST	.000	11:40
EXTERNAL STANDARD	.097	11:41
BLANK TEST	.000	11:41
EXTERNAL STANDARD	.097	11:42
BLANK TEST	.000	11:42

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

Operator Signature

*P. J. ROSE 2721*

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**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204050  
03/13/15

ARREST TIME: 09:01  
SUBJECT NAME:  
RFI/TEST  
DOB: 09/09/88 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.: NA  
TESTING OFFICER:  
ROSE/D  
OFFICER I.D.: 2721  
PERMIT NUMBER: 230253  
EXPIRATION DATE: 11/12/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:45
INTERNAL STANDARD	VERIFIED	11:45
RADIO INTERFERENCE		

Operator Signature

*P. J. Rose 2721*

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**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
ST. LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 204050  
03/13/15

ARREST TIME: 09:01  
SUBJECT NAME:  
SELF/TEST  
DOB: 09/09/88 SEX: M  
STATE/D.L.: MO/NA  
ARRESTING OFFICER:  
NA  
OFFICER I.D.: NA  
TESTING OFFICER:  
ROSE/D  
OFFICER I.D.: 2721  
PERMIT NUMBER: 230253  
EXPIRATION DATE: 11/12/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:47
INTERNAL STANDARD	VERIFIED	11:47
SUBJECT SAMPLE	.095	11:49
BLANK TEST	.000	11:49

Operator Signature

*P. J. Rose 2721*



**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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 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.*



## 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: 7-17-2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT  
TYPE II**

**DAVID M ROSE**

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, ALCO-SENSOR IV W/PRINTER**

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 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES