



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

DATAMASTER MAINTENANCE REPORT

RECEIVED

REPORT #6

By Carol Day at 9:29 am, Feb 23, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 980130	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 02.21.2015
LOCATION OF INSTRUMENT (STREET AND CITY) JENNINGS PRECINCT 5445 JENNINGS STATION RD. ST. LOUIS, MO 63134		TIME OF INSPECTION 1456

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) 02.21.2015 1456
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER **GUTH LABORATORIES** LOT # **14220** EXP. DATE **09.24.2016**

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 **0.99** TEST 2 **0.100** TEST 3 **0.100**

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)	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).

INSPECTING OFFICER

SIGNATURE P.O. A 3932	PRINT FULL NAME P.O. WOODFORD 3932
TYPE II PERMIT NUMBER/EXPIRATION DATE 230235 10.17.2015	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

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 980130
02/21/15

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

--- SUPERVISOR NAME ---

BLANK TEST .000 14:59
INTERNAL STANDARD VERIFIED 14:59
EXTERNAL STANDARD .099 15:00
BLANK TEST .000 15:00
EXTERNAL STANDARD .100 15:01
BLANK TEST .000 15:01
EXTERNAL STANDARD .100 15:02
BLANK TEST .000 15:02

N = 3
S/N = 1
RMV# = .0996

ATOR Signature *P.O. # 3932*

2200-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 980130
02/21/15

PRETEST TIME: 12:00
SUBJECT NAME:
RFL/TEST
DOB: 01/01/01 SEX: F
STATE/D.L.# MO/
ARRESTING OFFICER:
MOOLFOLK

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

--- BREATH ANALYSIS ---

BLANK TEST .000 15:05
INTERNAL STANDARD VERIFIED 15:05
SUBJECT SAMPLE .000 15:06
PROTD INTERFERENCE 15:07

ATOR Signature *P.O. # 3932*

2200-02

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ST. LOUIS COUNTY POLICE DEPARTMENT
BAC DATA MASTER SERIAL NUMBER 980130
02/21/15
14:56

--- DIAGNOSTIC CHECK ---

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

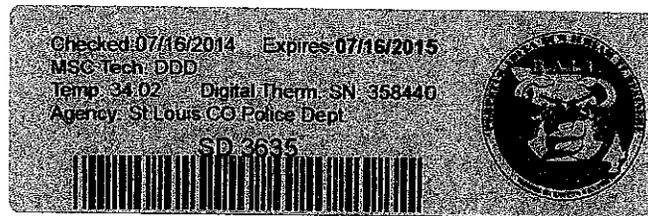
PRINTER TEST
!@#%&'()*+,-./:;<=>?@AB CDEF
HIJKLMNPQRSTU VWXYZ[\]^_`abcdefghijklm
Pqrstuvwxyz{|}~**

ATOR Signature *P.O. # 3932*



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**



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°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 I. Pawley, 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.