



**RECEIVED**  
 By Brian Lutmer at 4:46 pm, Jan 20, 2015

**DATAMASTER MAINTENANCE REPORT**

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<br>990040   | NAME OF AGENCY<br>Republic Police Department | DATE OF INSPECTION<br>01/09/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>540 Civic Blvd Republic |  | TIME OF INSPECTION<br>3:45 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) 01/09/2015 @ 16:09    |
| <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 # 14200 EXP. DATE 08/05/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3326 EXP. DATE 08/20/2015

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 → .096 | TEST 3 → .096 |
|---------------|---------------|---------------|

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) | 2 | (.15-.19) | 2 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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>Jennifer L. Stephens |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230170 08/14/15 | TELEPHONE NUMBER<br>(417) 732-3900      |

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  
REPUBLIC POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 990040  
01/09/15

TESTING OFFICER:

STEPHENS/JENNIFER/L

OFFICER I.D.: 097

PERMIT NUMBER: 230170

EXPIRATION DATE: 08/14/15

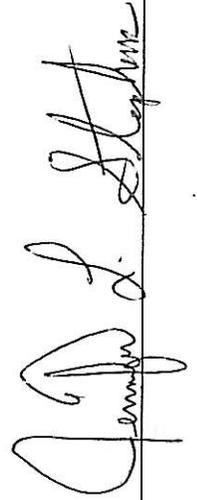
MISCELLANEOUS DATA:

--- SUPERVISOR NOTE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 16:17 |
| INTERNAL STANDARD | VERIFIED | 16:17 |
| EXTERNAL STANDARD | .096     | 16:18 |
| BLANK TEST        | .000     | 16:18 |
| EXTERNAL STANDARD | .096     | 16:19 |
| BLANK TEST        | .000     | 16:19 |
| EXTERNAL STANDARD | .096     | 16:20 |
| BLANK TEST        | .000     | 16:20 |

N = 3  
SIM. = .1  
AVG. = .096

Operator Signature



**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
REPUBLIC POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 990040  
01/09/15  
16:09

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS: 49C

SAMPLE CHAMBER: OKAY

FLOW DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

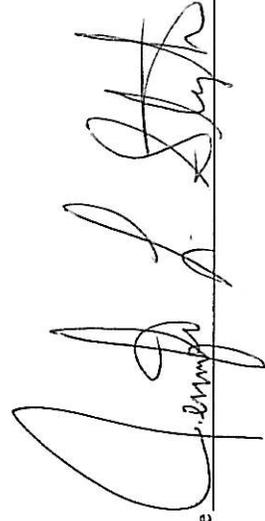
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!#%&\*()++-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abacde fghijklmnop  
qrstuvwxyz{|}~\*\*

Operator Signature



**BAC DataMaster  
Evidence Ticket**

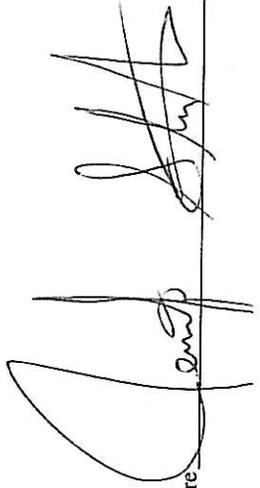
STATE OF MISSOURI  
REPUBLIC POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 990948  
01/09/15

ARREST TIME: 16:00  
SUBJECT NAME:  
TEST/ANUARY  
DOB: 12/12/87 SEX: F  
STATE/D.L.: MO/P9876342  
ARRESTING OFFICER:  
STEPHENS/JENNIFER/L  
OFFICER I.D.: 097  
TESTING OFFICER:  
STEPHENS/JENNIFER/L  
OFFICER I.D.: 097  
PERMIT NUMBER: 220170  
EXPIRATION DATE: 08/14/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature 



**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 **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 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 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

2

**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 (6-10)

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Gal Vosterly*  
\_\_\_\_\_  
,acting director  
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 STEPHENS, JENNIFER  
Permit No 230170  
Date issued 8/14/2013 Date Expires 8/14/2015

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

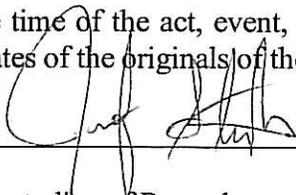
AFFIDAVIT

STATE OF MISSOURI     )  
                                  ) SS  
COUNTY OF GREENE    )

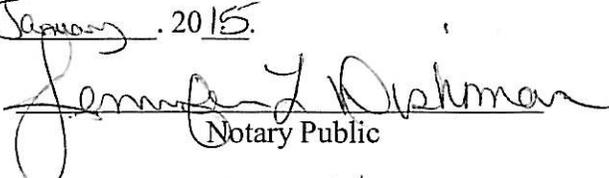
Before me, the undersigned authority, personally appeared Jennifer Stephens, who, being by me duly sworn, deposed as follows:

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 1/09/2015 Datamaster Report.

  
\_\_\_\_\_  
Custodian of Records

In witness whereof I have hereunto subscribed my name and affixed my official seal this 14<sup>th</sup> day of January, 2015.

  
\_\_\_\_\_  
Notary Public

My Commission expires 7-30-2017

JENNIFER L. DISHMAN  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Greene County  
My Commission Expires: July 30, 2017  
Commission Number: 13422794