



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX EC/IR II MAINTENANCE REPORT

RECEIVED
 By Carol Day at 1:15 pm, Aug 14, 2014

REPORT #3

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.

INTOX EC/IR II SN 12855	NAME OF AGENCY Rolla Police Department	DATE OF INSPECTION 07/31/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1007 N. Elm Street Rolla	TIME OF INSPECTION 16:09 CDT
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

DIAGNOSTIC RECORD

<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER REPCO MARKETING IN	LOT# 14001 EXP. DATE 04/30/2016
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) 34°C +/- .2°	SIMULATOR S/N SD2725 SIMULATOR EXP DATE 07/22/2015

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)

<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.101 g/210L	TEST 2 0.102 g/210L	TEST 3 0.102 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 0	0-.04 0	.05-.09 0	.10-.14 0	.15-.19 0	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).

MONTHLY MAINTENANCE

INSPECTING OFFICER

SIGNATURE	PRINT FULL NAME MOBERLY, KENNETH
TYPE II PERMIT NUMBER 240314	EXPIRATION DATE 07/30/2016
	TELEPHONE NUMBER (573) 308-1213

RETURN COMPLETED REPORT TO THE:
 Breath Alcohol Program, Missouri Department of Health and Senior Services,
 Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 14001

EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 1, 2014
The expiration date for this lot number is April 30, 2016 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



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

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PERMIT
TYPE II

KENNETH L MOBERLY

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

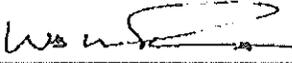
DATAMASTER, INTOX EC/IR II

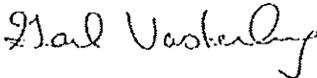
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/30/2014

NUMBER 240314

EXPIRES 7/30/2016


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560 0771 (6 10)

LAU 4 (R3-10)

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 MOBERLY, KENNETH
Permit No 240314
Date Issued 7/30/2014 Date Expires 7/30/2016

IN THE CIRCUIT COURT OF PHELPS COUNTY, MISSOURI
ASSOCIATE DIVISION

STATE OF MISSOURI, Plaintiff)
vs.) Case No. _____
_____, Defendant)

AFFIDAVIT PURSUANT TO SECTION 490.692 RSMo

Before me, the undersigned authority, personally appeared KENNETH MODERLY, who, being by me duly sworn, deposes as follows: My name is KENNETH MODERLY. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am a "Type II Breathalyzer Operator," authorized by the Missouri Department of Health to carry out maintenance checks on a breathalyzer, and I am the custodian of the records of the breathalyzer for the Rolla Police Department, Rolla, Missouri. Attached hereto are _____ pages of records kept by the Rolla Police Department, Rolla, Missouri, in the regular course of business of the Rolla Police Department, Rolla, Missouri, for an employee or representative of the Rolla Police Department, Rolla, Missouri, with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the records or to transmit information thereof to be included in such record; and the records was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Kenneth L. Moderly
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 4th day of August, 2014.

J. Zellan Jr.
Notary

My Commission Expires:



JAMES R. MACORIMO, JR.
My Commission Expires
July 21, 2017
Phelps County
Commission #13530681