



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

ORIGINAL
RECEIVED

By Carol Day at 3:57 pm, Aug 12, 2014

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 201157 | NAME OF AGENCY Cape Girardeau Police Department | DATE OF INSPECTION 08/02/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 40 South Sprigg Street, Cape Girardeau, MO 63703 | | TIME OF INSPECTION 9:16 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) <u>08-02-2014 09:16</u> |
| <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 <u>49</u> °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 <u>Repro</u> LOT # <u>13802</u> EXP. DATE <u>08/12/2015</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2221</u> EXP. DATE <u>07/14/2014</u> |

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 <u>.081</u> | TEST 2 <u>.082</u> | TEST 3 <u>.081</u> |
|--------------------|--------------------|--------------------|

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).

Instrument found to be within DOH Specs

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE ▶ | PRINT FULL NAME Jeffrey D Lucas |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240233 05/10/2016 | TELEPHONE NUMBER (573) 335-6621 |

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

RepCo Marketing Inc.

STATE OF TEXAS
COUNTY OF _____
FILE NO. _____

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13802
EXPIRATION DATE: August 12, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

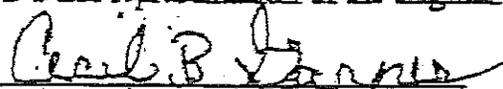
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13802 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .0968 gms/dl +/- .003 gms/dl w/vol ethanol (95% Confidence).

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 .080 +/-3% gms/21(L) 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 August 13, 2013
The expiration date for this lot number is August 12, 2015 at
11:59 p.m.

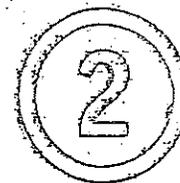
This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



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



PERMIT
TYPE II

JEFFREY D LUCAS

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

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 5/10/2014

NUMBER 240223

EXPIRES 5/10/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

HP-580-0773 (6-10)

LAB-4 (06-10)

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 LUCAS, JEFFREY
 Permit No 240223
 Date Issued 5/10/2014 Date Expires 5/10/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

DEPARTMENT OF REVENUE, BUREAU OF TAXATION
800-368-7134

PLATE NO. 12345
VEHICLE MAKE/TYPE
OWNER NAME
ADDRESS
CITY/STATE/ZIP
REGISTRATION NO.

JURY/NOTARY NO.

| | | |
|-------------------|-----------------------|-------------|
| PLATE NO. | 12345 | ISSUE |
| VEHICLE MAKE/TYPE | FORD F150 | REG. NO. |
| OWNER NAME | JOHN DOE | REG. DATE |
| ADDRESS | 12345 MAIN ST | REG. FEE |
| CITY/STATE/ZIP | SPRINGFIELD, MO 65701 | REG. TAX |
| REGISTRATION NO. | 12345 | REG. TYPE |
| VEHICLE MAKE/TYPE | FORD F150 | REG. CLASS |
| OWNER NAME | JOHN DOE | REG. STATUS |

PLATE NO. 12345
VEHICLE MAKE/TYPE
OWNER NAME

Operator Signature _____

Printed on recycled paper with agri-based inks

CMSU 2208-96

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI

DEPARTMENT OF REVENUE, BUREAU OF TAXATION
800-368-7134

PLATE NO. 12345
VEHICLE MAKE/TYPE
OWNER NAME
ADDRESS
CITY/STATE/ZIP
REGISTRATION NO.
VEHICLE MAKE/TYPE
OWNER NAME
ADDRESS
CITY/STATE/ZIP
REGISTRATION NO.
VEHICLE MAKE/TYPE
OWNER NAME
ADDRESS
CITY/STATE/ZIP
REGISTRATION NO.

JURY/NOTARY NO.

PLATE NO. 12345
VEHICLE MAKE/TYPE
OWNER NAME

Operator Signature _____

Printed on recycled paper with agri-based inks

CMSU 2208-96

