

STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**  
By Carol Day at 11:05 am, Oct 14, 2014

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 201182	NAME OF AGENCY Hollister Police Department	DATE OF INSPECTION 10/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) #1 Gage Drive, Hollister		TIME OF INSPECTION 1734 Hours

**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) 10/07/2014, 1734
<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
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc. LOT # 14001 EXP. DATE 04/30/2016	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2732 EXP. DATE 08/26/2015	
<input checked="" type="checkbox"/> 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"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 → .097%	TEST 2 → .098%	TEST 3 → .098%
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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	2	(0-.04)	0	(.05-.09)	1	(.10-.14)	3	(.15-.19)	2	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).

Instrument Operating within DOHSS Specs and guidelines

<b>INSPECTING OFFICER</b>	
SIGNATURE Timothy E. Matthews	PRINT FULL NAME Sgt. Timothy E. Matthews
TYPE II PERMIT NUMBER/EXPIRATION DATE 240345 / 09/23/2016	TELEPHONE NUMBER (417) 334-6565

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

**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:

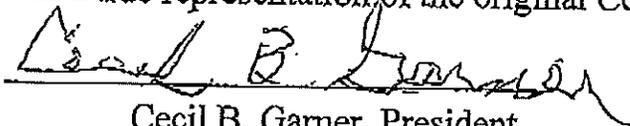
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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.

# BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI  
HOLLISTER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 001101  
18/07/14

TESTING OPERATOR:  
MATTHEWS/TZE  
OFFICER I.D.: 002  
PERMIT NUMBER: 048048  
EXPIRATION DATE: 09/20/16  
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	.000	17:42
INTERNAL STANDARD	0.000000	17:43
EXTERNAL STANDARD	1.000	17:43
BLANK TEST	.000	17:43
EXTERNAL STANDARD	.000	17:43
BLANK TEST	.000	17:44
EXTERNAL STANDARD	.000	17:44
BLANK TEST	.000	17:45

N = 3  
STDEV = .!  
AVG = .0076

# BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI  
HOLLISTER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 001101  
18/07/14  
17104

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-0000):	OKAY
HEATERS	
SAMPLE CHAMBER:	400
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTED TEST

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! "#$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`ab|cde fghijk lmnop
qrstuvwxyz{|}~"
    
```

Operator Signature



Operator Signature



BAC DataMaster  
Evidence Ticket

STATE OF MISSISSIPPI  
DEPARTMENT OF TRANSPORTATION

VEHICLE REGISTRATION PERMIT NUMBER 204100  
02/02/14

ARREST TIME: 11:00

SUBJECT NAME:

TEST

DOB: 01/01/61 SEX: M

STATE/D.L. #: MS/111

ARRESTING OFFICER:

MATTHEWS

OFFICER I.D. #: 500

TESTING OFFICER:

MATTHEWS

OFFICER I.D. #: 500

PERMIT NUMBER: 204100

EXPIRATION DATE: 02/02/14

MISCELLANEOUS DATA:

001 TEST

--- BREATH ANALYSIS ---

BLANK TEST	LAB	17:52
INTERNAL STANDARD	VERIFIED	17:53
RADIO INTERFERENCE		

Operator Signature



2208-02

City of HOLLISTER State of Missouri  
Taney County

**POLICE DEPARTMENT**

P.O. BOX 638  
HOLLISTER, MO 65673  
PHONE: 417-334-6565  
FAX: 417-339-2252

**FAX COVER SHEET**

ATTENTION:	Carol Day, Missouri Dept. of Health and Senior Services
FAX NUMBER:	573- 840-9139
FROM:	Sergeant Tim Matthews, Type II
DATE:	October 7, 2014
REFERENCE:	October 7, 2014 DataMaster Maintenance Report
NO. OF PAGES:	8 with cover
REMARKS:	<u>sgt1@cityofhollister.com,</u>

If the transmission is unreadable or incomplete, please call (417) 334-6565.

The information contained in the facsimile is privileged, confidential and intended only for the use of the individual/entity named above. Any dissemination of the communication by anyone other than the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to the above letterhead.  
Thank You



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

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**PERMIT  
 TYPE II**

**TIMOTHY E MATTHEWS**

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**

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 9/23/2014

NUMBER 240345

EXPIRES 9/23/2016

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 ,acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (0-10)

LAB-1 (116-10)

 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.*



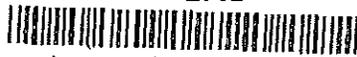
Operator MATTHEWS, TIMOTHY  
 Permit No 240345  
 Date Issued 9/23/2014 Date Expires 9/23/2016



## 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).

Checked: 08/26/2014 Expires: 08/26/2015  
Digital Therm. SN:094948  
MSC Tech:RW Temp:34.01  
Agency: Hollister Police Dept  
SD 2732



Technician Printed Name: ROBERT WELSH

Technician Signature: *Robert Welsh*

Date: 08/26/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834