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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:03 am, Feb 03, 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	NAME OF AGENCY	DATE OF INSPECTION
201186	ROLLA POLICE DEPT.	01-21-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
1007 N. ELM ST. ROLLA, MO. 65401		1541 HRS.

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 01-21-14 1541 HRS.
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER REPCO MARKETING INC. LOT # 13001 EXP. DATE 03-07-15
- [x] SIMULATOR TEMP (34°C ± 0.2°C) 34° °C SIMULATOR SN SD2725 EXP. DATE 07-10-14
- [x] 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)

- [x] 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	TEST 2	TEST 3
.097	.098	.098

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
5	2	4	2	3	Ø

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	PRINT FULL NAME
Kenneth L. Moberly	KENNETH L. MOBERLY
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220072 / 03-08-14	(573) 308-1213

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 13001
EXPIRATION DATE: March 7, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number **13001** 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 **.1215** gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring 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 **March 8, 2013** The expiration date for this lot number is **March 7, 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.

Form RM 02

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 L. MOBERLY, who, being by me duly sworn, deposes as follows: My name is KENNETH L. MOBERLY, 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. Moberly
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 22nd day of January, 2014.

Notary

My Commission Expires:

5/31/17

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

K. NAKANISHI
My Commission Expires
May 31, 2017
Phelps County
Commission #13390288

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
ROLLA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201186
01/21/14
15:41

--- DIAGNOSTIC CHECK ---

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

PRINTER TEST
!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature Kenneth L. Moberly

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HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature Kenneth L. Moberly

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HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

Operator Signature Kenneth L. Moberly

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

KENNETH L MOBERLY

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

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/08/2012

Number 220072

Expires 03/08/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-85)

Lab. 4 (R7-88)