



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

RECEIVED REPORT #6
By Carol Day at 10:06 am, Aug 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 <u>201186</u>	NAME OF AGENCY <u>Rolla Police Department</u>	DATE OF INSPECTION <u>08-10-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1007 N. Elm Street Rolla, MO 65401</u>		TIME OF INSPECTION <u>21:25</u>

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>8-10-2014 21:25</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>Repco Marketing, Inc.</u> LOT # <u>14001</u> EXP. DATE <u>4-30-2016</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2725</u> EXP. DATE <u>7-22-2015</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>.098</u>	TEST 2 ← <u>.098</u>	TEST 3 ← <u>.099</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 <u>3</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>2</u>	(.15-.19) <u>1</u>	OVER .19 <u>0</u>
-------------------	------------------	--------------------	--------------------	--------------------	-------------------

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 <u>Jessie Hoyt #863</u>	PRINT FULL NAME <u>Jessie Hoyt #863</u>
TYPE / PERMIT NUMBER/EXPIRATION DATE <u>230147 / 08-01-2015</u>	TELEPHONE NUMBER <u>(573) 308-1213</u>

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:

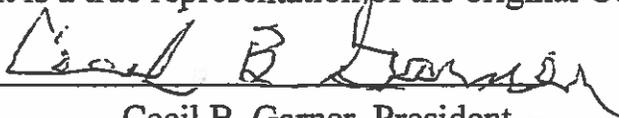
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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.

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 Jessie Hoyt
who, being by me duly sworn, deposes as follows: My name is Jessie Hoyt.
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.

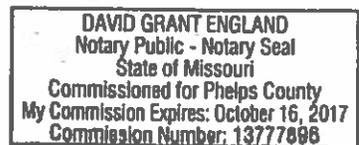
Jessie Hoyt #863
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal
this 10 day of AUGUST, 2014.

David Grant England
Notary

My Commission Expires:

16 OCT 2017



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
ROLLA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201186
08/10/14

TESTING OFFICER:
HOYT/JESSIE/J
OFFICER I.D.: 863
PERMIT NUMBER: 230147
EXPIRATION DATE: 08/01/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:28
INTERNAL STANDARD	VERIFIED	21:28
EXTERNAL STANDARD	.098	21:29
BLANK TEST	.000	21:30
EXTERNAL STANDARD	.098	21:30
BLANK TEST	.000	21:31
EXTERNAL STANDARD	.099	21:32
BLANK TEST	.000	21:33

N = 3
SIM. = .1
AVG. = .0983

Operator Signature

Jessie Hoyt #863

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
ROLLA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201186
08/10/14

ARREST TIME: 21:00
SUBJECT NAME:
RFI/TEST
DOB: 06/17/83 SEX: F
STATE/D.L.: MO/12345678
ARRESTING OFFICER:
HOYT/JESSIE/J
OFFICER I.D.: 863
TESTING OFFICER:
HOYT/JESSIE
OFFICER I.D.: 863
PERMIT NUMBER: 230147
EXPIRATION DATE: 08/01/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:36
INTERNAL STANDARD	VERIFIED	21:36
RADIO INTERFERENCE		

Operator Signature

Jessie Hoyt #863

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
ROLLA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201186
08/10/14
21:25

--- 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:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~

Operator Signature

Jessie Hoy #863



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

2

PERMIT
TYPE II
JESSIE J HOYT

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 8/1/2013

NUMBER 230147

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HOYT, JESSIE
 Permit No 230147
 Date Issued 8/1/2013 Date Expires 8/1/2015