



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

**RECEIVED**  
 By Carol Day at 11:38 am, Nov 25, 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 <u>201186</u>	NAME OF AGENCY <u>Rolla Police Department</u>	DATE OF INSPECTION <u>11-12-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1007 N. Elm Street Rolla MO 65401</u>		TIME OF INSPECTION <u>8:19</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) <u>OK</u>	DATE AND TIME (from printout) <u>11-12-2014 @ 8:19</u>
<input checked="" type="checkbox"/> COMPUTER	<input 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 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>502725</u> EXP. DATE <u>7-22-2015</u>
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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 ← <u>.098</u>	TEST 2 ← <u>.098</u>	TEST 3 ← <u>.098</u>
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) OK

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<u>0</u> (0-.04)	<u>0</u> (.05-.09)	<u>0</u> (.10-.14)	<u>0</u> (.15-.19)	<u>1</u> OVER .19
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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).

**INSPECTING OFFICER**

SIGNATURE <u>Jessie Hoyt #863</u>	PRINT FULL NAME <u>Jessie Hoyt #863</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230147 / 8-9-2015</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:

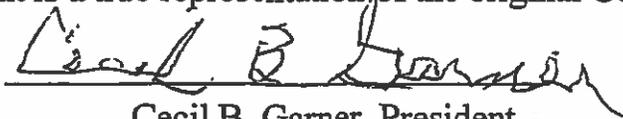
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 #863,  
who, being by me duly sworn, deposes as follows: My name is \_\_\_\_\_,  
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 12<sup>th</sup> day of November, 2014.

Mona V Poucher  
Notary  
Mona V Poucher

My Commission Expires:

July 22, 2017



MONA V. POUCHER  
My Commission Expires  
July 22, 2017  
Phelps County  
Commission #13724608

State of Missouri  
Phelps County

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
ROLLA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201186  
11/12/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	08:31
INTERNAL STANDARD	VERIFIED	08:31
EXTERNAL STANDARD	.098	08:32
BLANK TEST	.000	08:33
EXTERNAL STANDARD	.098	08:33
BLANK TEST	.000	08:34
EXTERNAL STANDARD	.098	08:34
BLANK TEST	.000	08:35

N = 3  
SIM. = .1  
AVG. = .098

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  
11/12/14

ARREST TIME: 07:45  
SUBJECT NAME:  
RFI/TEST  
DOB: 06/17/83 SEX: F  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
HOYT/JESSIE/J  
OFFICER I.D.: 863  
TESTING OFFICER:  
HOYT/JESSIE/J  
OFFICER I.D.: 863  
PERMIT NUMBER: 230147  
EXPIRATION DATE: 08/01/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	08:38
INTERNAL STANDARD	VERIFIED	08:38
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  
11/12/14  
08:19

--- 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[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~

Operator Signature

*Jessie Hyz #863*



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



**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