



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

RECEIVED 2/28/14-CD  
 REPORT #8

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or  
 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.

**REVIEWED**  
 By Carol Day at 9:27 am, Mar 14, 2014

|   |                                 |                                  |
|---|---------------------------------|----------------------------------|
| DATAMASTER SN<br>201191   | NAME OF AGENCY<br>Claycomo P.D. | DATE OF INSPECTION<br>02/21/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>115 E. 69 Hwy. Claycomo |                                 | TIME OF INSPECTION<br>1:08 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) 0120                  |
| <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         |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing LOT # 13002 EXP. DATE 06/19/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD1508 EXP. DATE 02/11/2015

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 → .095 | TEST 2 → .098 | TEST 3 → .099 |
|---------------|---------------|---------------|

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) 2 | (.05-.09) 0 | (.10-.14) 1 | (.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).  
 Operates within D.H.S.S. standards.

**INSPECTING OFFICER**

|  |                                     |
|--|-------------------------------------|
| SIGNATURE<br>  | PRINT FULL NAME<br>Matthew E. Beets |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220401 expires 12/20/2014 | TELEPHONE NUMBER<br>(816) 452-4613  |

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.3101-155 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-276-9680**CERTIFICATE OF ANALYSIS****MANUFACTURER AND SUPPLIER:** RepCo Marketing, Inc.**LOT NUMBER:** 13002**EXPIRATION DATE:** June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 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 .1217 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 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 June 20, 2013  
The expiration date for this lot number is June 19, 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.

**BAC DataMaster**  
Evidence Packet

STATE OF MISSOURI  
CLAYCOMO POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201191  
02/21/14

TESTING OFFICER:  
BEETS/MATTHEWE  
OFFICER I.D.# 112  
PERMIT NUMBER: 220401  
EXPIRATION DATE: 12/28/14  
MISCELLANEOUS DATA:  
MONTHLY MAINTENANCE

SUPERVISOR NAME: ---

| ALCOHOL TEST      | VERIFIED | 02:03 |
|-------------------|----------|-------|
| INTERNAL STANDARD | 095      | 02:04 |
| EXTERNAL STANDARD | 098      | 02:04 |
| BLANK TEST        | 099      | 02:05 |
| INTERNAL STANDARD | 099      | 02:06 |
| EXTERNAL STANDARD | 099      | 02:06 |
| BLANK TEST        | 099      | 02:07 |

N = 3  
STDEV = .1  
AVG. = .0073

Officer Signature

**BAC DataMaster**  
Evidence Packet

STATE OF MISSOURI  
CLAYCOMO POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201191  
02/21/14

TEST TIME: 01:59  
SUBJECT NAME:  
KST TEST  
DOB: 01/01/81 SEX: M  
STATE I.D.#: MO/12345  
TESTING OFFICER:  
BEETS/MATTHEWE  
OFFICER I.D.# 112

SUPERVISOR NAME: ---

| ALCOHOL TEST      | VERIFIED | 02    |
|-------------------|----------|-------|
| INTERNAL STANDARD | 095      | 02:04 |
| EXTERNAL STANDARD | 098      | 02:04 |
| BLANK TEST        | 099      | 02:05 |
| INTERNAL STANDARD | 099      | 02:06 |
| EXTERNAL STANDARD | 099      | 02:06 |
| BLANK TEST        | 099      | 02:07 |

N = 3  
STDEV = .1  
AVG. = .0073

Officer Signature

**BAC DataMaster**  
Evidence Ticket

OFFICE OF MISSOURI  
STATE POLICE DEPARTMENT

DATE OF INCIDENT: 02-21-14  
POLICE REPORT NUMBER: 01-20

DIAGNOSTIC CHECK

COMPUTER: OKAY

PRINTER: OKAY

WEIGHTS: OKAY

SCALE: OKAY

FLOR. DISTANCE: OKAY

WIND: OKAY

WIND SPEED: OKAY

WIND DIRECTION: OKAY

WIND VELOCITY: OKAY

WIND PATTERN: OKAY

WIND TEST: OKAY

WIND RECORD: OKAY

WIND DATA: OKAY

WIND ANALYSIS: OKAY

WIND REPORT: OKAY

WIND SUMMARY: OKAY

WIND CONCLUSION: OKAY

*[Handwritten Signature]*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



MATTHEW E BEETS

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 12/20/2012

Number 220401

Expires 12/20/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health



# Simulator Calibration Report

This is to certify that the Simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology in accordance to the standards set by Missouri Department of Health and Senior Services Rules and Regulations 19CSR 25-30

Checked: 2/11/2014 Expires: 02/11/2016  
 Digital Therm. SN:093752 Temp:33.99  
 MSC Tech:RW  
 Agency: Pleasantvalley Police Dept.  
 SD1508



Tested By: ROBERT W. WELSH 

Date: 2/11/2014