



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

RECEIVED
 By Carol Day at 2:02 pm, Jun 26, 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 201191 | NAME OF AGENCY Claycomo Police Department | DATE OF INSPECTION 06/18/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Hwy Claycomo | | TIME OF INSPECTION 12:00 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) 06/18/14 1200 |
| <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 LOT # 13002 EXP. DATE 06/19/2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD1353 EXP. DATE 02/27/2015 |

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)

| |
|---|
| <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 .096 | TEST 2 .097 | 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 0 | (0-.04) 0 | (.05-.09) 0 | (.10-.14) 0 | (.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 DHSS standards.

| | |
|--|-------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME Matthew E. Beets |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220401 12/20/2014 | TELEPHONE NUMBER (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

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:

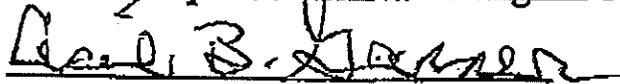
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 Ticket

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CLAYCOHD POLICE DEPARTMENT

STATE OF MISSOURI
CLAYCOHD POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 281191
06/16/14
10101

BAC DATA MASTER SERIAL NUMBER 281191
06/16/14

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2000): OKAY

HEATERS

SAMPLE CHAMBER: 49c

LOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

TESTING OFFICER:

MEETS: 04/11/14
OFFICER I.D.# 119
IDENTITY NUMBER: 22949
EXPIRATION DATE: 12/20/14
MISCELLANEOUS DATA
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

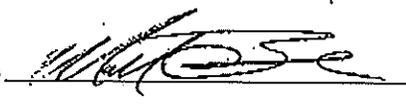
| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 12:14 |
| INTERNAL STANDARD | VERIFIED | 12:14 |
| EXTERNAL STANDARD | .096 | 12:15 |
| BLANK TEST | .000 | 12:15 |
| EXTERNAL STANDARD | .097 | 12:16 |
| BLANK TEST | .000 | 12:16 |
| EXTERNAL STANDARD | .099 | 12:17 |
| BLANK TEST | .000 | 12:17 |

N = 3
SIM. = .1
AVG. = .0973

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHI
JKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqr
stuvwxyz{|}~>"

Operator Signature 

Operator Signature 

BAC DataMaster Evidence Ticket

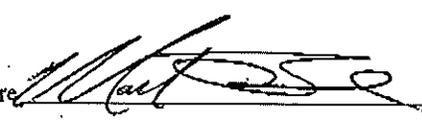
STATE OF MISSOURI
CLAYCOING POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 291191
06/18/14

ARREST TIME: 11:55
SUBJECT NAME:
RFI/TEST
DOB: 01/01/81 SEX: M
STATE/D.L.: MO/120456
ARRESTING OFFICER:
BEETS/MATTHEW/E
OFFICER I.D.: 119
TESTING OFFICER:
BEETS/MATTHEW/E
OFFICER I.D.: 119
PERMIT NUMBER: 229491
EXPIRATION DATE: 12/20/14
MISCELLANEOUS DATA:
RFI TEST MONTHLY MAINT.

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 12:23 |
| INTERNAL STANDARD | VERIFIED | 12:23 |
| RADIO INTERFERENCE | | |

Operator Signature 

DEPARTMENT OF HEALTH



P E R M I T
T Y P E 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

MO 580-0771 (7-58)

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Lab. 4 (R7-88)



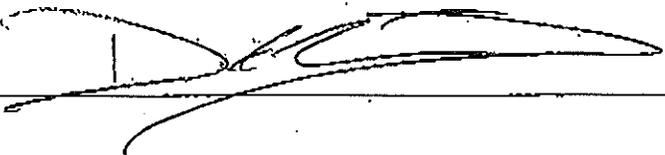
Simulator Calibration Report

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: 2/27/2014 Expires: 02/27/2015
Digital Therm. SN:094948 Temp:33.98
MSC Tech:DRL
Agency: Claycomo Police Department
SD1353




Technician Printed Name: Dan Lucas

Technician Signature: 

Date: 02/27/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834