



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

**RECEIVED**  
 By Carol Day at 4:02 pm, Jul 28, 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 201209	NAME OF AGENCY Perryville PD	DATE OF INSPECTION 07/23/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 120 N. Jackson Street		TIME OF INSPECTION 10:04 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) 07/23/2014 10:04
<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 +48sd.°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	LOT # 13002 EXP. DATE 06/19/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) +34 °C	SIMULATOR SN sd2778 EXP. DATE 09/16/2014

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 → .098	TEST 2 → .099	TEST 3 → .099
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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)	1	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).

Instrument is working within DOHSS Guidelines

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Wesley J. Bell</i>	PRINT FULL NAME Wesley J. Bell
TYPE II PERMIT NUMBER/EXPIRATION DATE 230197 09/19/2015	TELEPHONE NUMBER (573) 547-4546

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

BAC DATAMASTER SERIAL NUMBER 201209  
07/23/14

STATE OF MISSOURI

BAC DATAMASTER SERIAL NUMBER 201209  
07/23/14

ARREST TIME: 09:10  
SUBJECT NAME:  
DOB: 09/18/77 SEX: M  
DATE/D.L.: MO/1234567  
ARRESTING OFFICER:  
OFFICER I.D.: 119  
TESTING OFFICER:  
SAME  
OFFICER I.D.: SAME  
PERMIT NUMBER: 230197  
EXPIRATION DATE: 09/19/15  
MISCELLANEOUS DATA:  
N/A  
N/A

TESTING OFFICER:  
BELL/WESLEY/J  
OFFICER I.D.: 119  
PERMIT NUMBER: 230197  
EXPIRATION DATE: 09/19/15  
MISCELLANEOUS DATA:  
N/A  
N/A

--- SUPERVISOR MODE ---

--- BREATH ANALYSIS ---  
BLANK TEST .000 10:19  
INTERNAL STANDARD VERIFIED 10:19  
RADIO INTERFERENCE

BLANK TEST .000 10:07  
INTERNAL STANDARD VERIFIED 10:07  
EXTERNAL STANDARD .096 10:07  
BLANK TEST .000 10:08  
EXTERNAL STANDARD .099 10:08  
BLANK TEST .000 10:09  
EXTERNAL STANDARD .099 10:09  
BLANK TEST .000 10:10

N = 3  
S.M. = .1  
AVG. = .0986

Operator Signature *[Signature]*  
2208-02

Operator Signature *[Signature]*  
2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
BAC DATAMASTER SERIAL NUMBER 201209  
07/23/14  
10:04

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	48C
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature





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



**PERMIT**  
**TYPE II**

**WESLEY J BELL**

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 572.020 through 572.041, RSMo and 506.111 through 506.119 RSMo.

DATE 9/19/2013

NUMBER 230197

EXPIRES 9/19/2015

*Wesley J Bell*  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Gail Vesterby*  
\_\_\_\_\_  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 589.021A (0110)

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 **BELL, WESLEY**  
Permit No **230197**  
Date Issued **9/19/2013** Date Expires **9/19/2015**