



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

**RECEIVED**  
 By Carol Day at 8:47 am, Feb 07, 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<br>201212  | NAME OF AGENCY<br>St. Peters | DATE OF INSPECTION<br>02/07/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1020 Grand Teton St. Peters, Mo. 63376 |                              | TIME OF INSPECTION<br>0:20 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) 2-7-14 00:37          |
| <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 50 °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 # 13001 EXP. DATE 03/07/2015  |   |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR5311 EXP. DATE 11/14/2014  |   |
| <input checked="" type="checkbox"/> 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 → .095 | TEST 2 → .097 | TEST 3 → .097 |
|---------------|---------------|---------------|

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) 4 | (.15-.19) 1 | 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).

|  |                                      |
|--|--------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                      |
| SIGNATURE<br><i>LTKG Tumbough</i>                          | PRINT FULL NAME<br>Lt. K.G. Tumbough |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230277 11/28/2015 | TELEPHONE NUMBER<br>(636) 278-2222   |

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.

3101-188 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5400

### CERTIFICATE OF ANALYSIS

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 13001**

**EXPIRATION DATE: March 7, 2015 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 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 .1215 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).

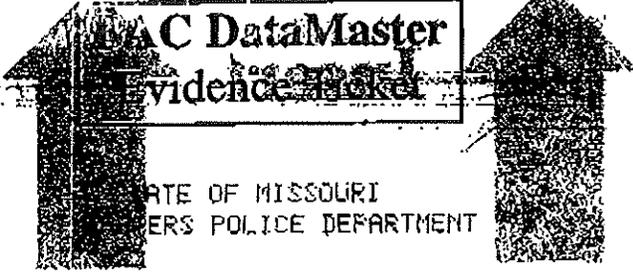
The date of manufacture for this lot number is March 8, 2013  
The expiration date for this lot number is March 7, 2015 at  
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First



# BAC DataMaster Evidence Hooker

STATE OF MISSOURI  
ST. PETERS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201212  
02/07/14  
08:37

--- DIAGNOSTIC CHECK ---

|                       |      |
|-----------------------|------|
| COMPUTER:             | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS               |      |
| SAMPLE CHAMBER:       | 50c  |
| FLOW DETECTOR:        | OKAY |
| PUMP                  |      |
| HIGH SPEED:           | OKAY |
| DETECTOR:             | OKAY |
| FILTERS:              | OKAY |
| QUARTZ STANDARD:      | OKAY |
| CALIBRATION:          | OKAY |

PRINTER TEST

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

Operator Signature

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
ST. PETERS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201212  
02/07/14

TESTING OFFICER:  
TURNBOUGH  
OFFICER I.D.: 148  
PERMIT NUMBER: 230277  
EXPIRATION DATE: 11/26/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 00:49 |
| INTERNAL STANDARD | VERIFIED | 00:49 |
| EXTERNAL STANDARD | .095     | 00:50 |
| BLANK TEST        | .000     | 00:50 |
| EXTERNAL STANDARD | .097     | 00:51 |
| BLANK TEST        | .000     | 00:52 |
| EXTERNAL STANDARD | .097     | 00:53 |
| BLANK TEST        | .000     | 00:53 |

N = 3  
SIM. = .1  
AVG. = .0963

*LT K. Turnboough*

for Signature

2206-02

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
ST. PETERS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201212  
02/07/14

ARREST TIME: 00:01  
SUBJECT NAME:  
TEST  
DOB: 12/12/12      SEX: M  
STATE/D.L.: MO/999  
ARRESTING OFFICER:  
TEST  
OFFICER I.D.: 999  
TESTING OFFICER:  
TURNBOUGH  
OFFICER I.D.: 148  
PERMIT NUMBER: 230277  
EXPIRATION DATE: 11/26/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 00:56 |
| INTERNAL STANDARD  | VERIFIED | 00:56 |
| RADIO INTERFERENCE |          |       |

*LT K. Turnboough*

for Signature



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



PERMIT  
TYPE II

KEVIN TURNBOUGH

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, INTOX EC/IR II

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 308.111 through 308.119 RSMo.

DATE 11/26/2013

NUMBER 230277

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO.880-0771 (8-10)

LAB-178-101

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 **TURNBOUGH, KEVIN**  
Permit No **230277**  
Date Issued **11/26/2013** Date Expires **11/26/2015**