



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

RECEIVED 3/2/14

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

**REVIEWED**  
By Carol Day at 3:14 pm, Mar 19, 2014

DATAMASTER SN <b>201214</b>	NAME OF AGENCY <b>HAYTI Police Dept.</b>	DATE OF INSPECTION <b>2-20-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>300 EAST MAIN HAYTI</b>		TIME OF INSPECTION <b>1:05 AM</b>

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) <b>2-20-14 1:05 AM</b>
<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 <b>4B</b> °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 <b>Repro</b> LOT # <b>13001</b> EXP. DATE <b>2-7-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.00</b> °C SIMULATOR SN <b>50353</b> EXP. DATE <b>07/10/14</b>

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 = <b>.099</b>	TEST 2 = <b>.099</b>	TEST 3 = <b>.099</b>
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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 <b>0</b> (0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>1</b>	(.15-.19) <b>0</b>	OVER .19 <b>1</b>
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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).

<b>INSPECTING OFFICER</b>	
	PRINT FULL NAME <b>DAVID MACLEAN</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220118 05-15-14</b>	TELEPHONE NUMBER <b>573-359-1259</b>
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.*

3101-186 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5480

**CERTIFICATE OF ANALYSIS**

7-9-13  
REC

**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 Ticket

STATE OF MISSOURI  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
02/20/14

ARREST TIME: 00:50  
SUBJECT NAME:

TEST  
DOB: 11/11/11 SEX: M

STATE I.D. NO: 11111111

ARRESTING OFFICER:

MACLIN/DAVID  
OFFICER I.D. #: 506

TESTING OFFICER:

MACLIN/DAVID  
OFFICER I.D. #: 506

PERMIT NUMBER: 220118

EXPIRATION DATE: 05/15/14

MISCELLANEOUS DATA:

BREATH ANALYSIS

BLANK TEST	000	01:23
INTERNAL STANDARD	VERIFIED	01:23
RADIO INTERFERENCE		

OPERATOR SIGNATURE



CARD STK #  
60036

REORDER ALL SUPPLIES FROM NPAS  
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
02/20/14  
01:05

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2008): OKAY

HEATERS  
SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&\*()+- = 0123456789.;<=>?@#BCDEFG  
HI JKLMNOPQRSTUVWXYZ\|}~ abcdefghijklmnop  
qrstuvwxyz /:;?<

OPERATOR SIGNATURE



GARD STK #  
60036

REORDER ALL SUPPLIES FROM N.P.A.S.  
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (N.P.A.S.)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
02/20/14

TESTING OFFICER:  
MACLIN, DAVID  
OFFICER I.D. # 506  
PERMIT NUMBER: 220118  
EXPIRATION DATE: 05/15/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:17
INTERNAL STANDARD	VERIFIED	01:17
EXTERNAL STANDARD	.099	01:17
BLANK TEST	.000	01:18
EXTERNAL STANDARD	.099	01:18
BLANK TEST	.000	01:19
EXTERNAL STANDARD	.099	01:19
BLANK TEST	.000	01:20

N = 3  
SIM. = .1  
AVG. = .099

OPERATOR SIGNATURE 

CARD STK # 60036 REORDER ALL SUPPLIES FROM N.P.A.S.  
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
T Y P E I I



DAVID MACLIN

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 05/15/2012

Number 220118

Expires 05/15/2014

Director of State Public Health Laboratory

Director, Department of Health