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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 12:22 pm, Oct 28, 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.

201214	HAYTI Police Dept.	10-24-14
300 EAST MAIN STREET	HAYTI	1941

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED) — DATE AND TIME (from printout) 10-24-14 1941
- [x] COMPUTER
- [x] DETECTOR
- [x] PROGRAM
- [x] FILTERS
- [x] HEATERS SAMPLE CHAMBER 49 °C
- [x] QUARTZ STANDARD
- [x] FLOW DETECTOR
- [x] CALIBRATION
- [x] PUMP HIGH SPEED
- [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] SIMULATOR SOLUTION SUPPLIER Repco LOT # 13002 EXP. DATE 6-19-15
- [x] SIMULATOR TEMP (34 °C ± 0.2 °C) °C SIMULATOR SN 358440 EXP. DATE 07/15/2015
- [x] 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)

- [x] 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	TEST 2	TEST 3
.097	.098	.097

- [x] PERFORM R.F.I. TEST (PRINTOUT ATTACHED) (OK)

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)	OVER .19
Ø	Ø	Ø	Ø	1	Ø

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).

INSPECTING OFFICER

[signature]	DAVID MACLIN
240239 05-13-16	1-573-359-1259

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
919-876-5480

4-2-14
Received

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 interferring 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.

Form RM 02

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214
10/24/14
19:41

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

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

OPERATOR SIGNATURE

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
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
10/24/14

TESTING OFFICER:
MACLIN/DAVID
OFFICER I.D.: 506
PERMIT NUMBER: 240239
EXPIRATION DATE: 05/13/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:58
INTERNAL STANDARD	VERIFIED	19:58
EXTERNAL STANDARD	.097	19:58
BLANK TEST	.000	19:59
EXTERNAL STANDARD	.098	19:59
BLANK TEST	.000	20:00
EXTERNAL STANDARD	.097	20:00
BLANK TEST	.000	20:01

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

OPERATOR SIGNATURE

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214
10/24/14

ARREST TIME: 19:30
SUBJECT NAME:
TEST
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/1111111
ARRESTING OFFICER:
MACLIN/DAVID
OFFICER I.D.: 506
TESTING OFFICER:
MACLIN/DAVID
OFFICER I.D.: 506
PERMIT NUMBER: 240239
EXPIRATION DATE: 05/13/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	20:04
INTERNAL STANDARD	VERIFIED	20:04
RADIO INTERFERENCE		

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 AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

DAVID MACLIN

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/13/2014

NUMBER 240239

EXPIRES 5/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (R6-10)

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 MACLIN, DAVID
Permit No 240239
Date Issued 5/13/2014 Date Expires 5/13/2016