



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

RECEIVED
 By Carol Day at 11:42 am, Apr 03, 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 201230 | NAME OF AGENCY Cape Girardeau P.D. | DATE OF INSPECTION 04/01/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg Cape Girardeau (Booking room) | | TIME OF INSPECTION 9:01 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) <u>04/01/2014 09:01</u> |
| <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 <u>48</u> °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 <u>RepCo Marketing Inc.</u> LOT # <u>13802</u> EXP. DATE <u>08/12/2015</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2221</u> EXP. DATE <u>07/10/2014</u> |

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 .082 | TEST 2 .081 | TEST 3 .081 |
|--------------|--------------|--------------|

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 | 3 | (0-.04) | 14 | (.05-.09) | 4 | (.10-.14) | 8 | (.15-.19) | 4 | OVER .19 | 4 |
|----------|---|---------|----|-----------|---|-----------|---|-----------|---|----------|---|

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 | PRINT FULL NAME Kevin L. Eudy |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220132 06/12/2014 | TELEPHONE NUMBER (573) 335-6621 |

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: 13802

EXPIRATION DATE: August 12, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

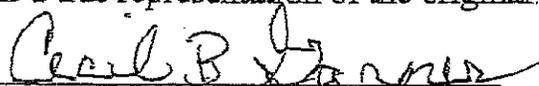
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13802 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .0968 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 .080 +/- 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 August 13, 2013
The expiration date for this lot number is August 12, 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.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH



PERMIT
TYPE II



KEYIN LUDY

is hereby authorized to operate and maintain operations, under conditions, subject
to certain, within the permit, and operate the following health laboratory:

DATA MASTER

for the determination of the metabolic content of blood from a sample of serum (chemistry)
etc. issued under the provisions of sections 577.120 through 577.241, PSAs 126.

05/12/2012

220132

05/12/2014

Permit Holder

Director, Department of Health

NO. 4-101-100

NO. 4-101-100

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF CALIFORNIA

DEPT. OF INDUSTRIAL RELATIONS

LABORATORY OF METALS ANALYSIS
1000 S. ST.

TESTING OFFICER:
LUDY HEVING
OFFICER I.D. # 104
PERM. # 1000000-000000
EXPIRATION DATE: 06-30-04
MISCELLANEOUS: 00000

LABORATORY # 1000

| | | |
|-------------------|---------|-------|
| BLANK TEST | 1000 | 60.00 |
| INTERNAL STANDARD | 1000000 | 60.00 |
| EXTERNAL STANDARD | 1000 | 60.00 |
| BLANK TEST | 1000 | 60.00 |
| EXTERNAL STANDARD | 1000 | 60.00 |
| BLANK TEST | 1000 | 60.00 |
| EXTERNAL STANDARD | 1000 | 60.00 |
| BLANK TEST | 1000 | 60.00 |

N = 3
STD. = 1.1
AVG. = 60.00

Operator Signature GLK #106

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF CALIFORNIA

DEPT. OF INDUSTRIAL RELATIONS

LABORATORY OF METALS ANALYSIS
1000 S. ST.

TESTING OFFICER:
LUDY HEVING
OFFICER I.D. # 104
PERM. # 1000000-000000
EXPIRATION DATE: 06-30-04
MISCELLANEOUS: 00000

LABORATORY # 1000

| | | |
|-------------------|---------|-------|
| BLANK TEST | 1000 | 60.00 |
| INTERNAL STANDARD | 1000000 | 60.00 |
| EXTERNAL STANDARD | 1000 | 60.00 |

Operator Signature GLK #106

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Handwritten mark

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
LABORATORY
1000 DEL MONTE AVENUE
SAN JOSE, CALIFORNIA 95128
PHONE (415) 763-2300

| | |
|--------------------------------|------|
| COMPUTER | None |
| PERIPHERALS (Disk, Tape, etc.) | None |
| PRINTERS | None |
| SOFTWARE (Applications) | None |
| Other Information | None |
| PLANS | None |
| FILES (FPLA, etc.) | None |
| DISKETTES | None |
| FACSIMILES | None |
| QUALITY CONTROL | None |
| CHARACTERIZATION | None |

EXAMINER'S REPORT
This report contains the results of the examination of the evidence described above. It is intended for the use of the court and the parties to the case. It is not to be used for any other purpose.

Operator Signature *[Handwritten Signature]*