



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

RECEIVED
 By Carol Day at 1:02 pm, Jul 21, 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 201230	NAME OF AGENCY Cape Girardeau Police Dept.	DATE OF INSPECTION 07/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 40 Sprigg Cape Girardeau (Booking room)		TIME OF INSPECTION 2:07 pm

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>07-08-2014 14:07</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 _____ 48 °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) _____ 34.0 _____ °C	SIMULATOR SN _____ SD2221 EXP. DATE <u>07/10/2014</u>
<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 type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input checked="" 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 .082	TEST 2 .082	TEST 3 .082
--------------	--------------	--------------

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	2	(0-.04)	10	(.05-.09)	5	(.10-.14)	4	(.15-.19)	4	OVER .19	2
----------	---	---------	----	-----------	---	-----------	---	-----------	---	----------	---

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 Cpl. Kevin L. Eudy DSN 106
TYPE II PERMIT NUMBER/EXPIRATION DATE 240290 06/23/2016	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 ANALYSES

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 MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
KEVIN L EUDY

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 6/23/2014

NUMBER 240290

EXPIRES 6/23/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 EUDY, KEVIN
 Permit No 240290
 Date issued 6/23/2014 Date Expires 6/23/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI

OFFICE OF THE ATTORNEY GENERAL

ATTORNEY GENERAL'S OFFICE
300 NORTH GADSDEN AVENUE
JACKSON, MISSISSIPPI 39201

TESTING OFFICER:

(NAME)

OFFICE ADDRESS:

PERMIT NUMBER:

EXPIRATION DATE:

ISSUANCE DATE:

LABORATORY:

LABORATORY:

EXPIRATION DATE:

ISSUANCE DATE:

EXPIRATION DATE:

ISSUANCE DATE:

EXPIRATION DATE:

ISSUANCE DATE:

ISSUANCE DATE:

H = 8

CM = 1

DM = 1000

Operator Signature

[Handwritten Signature]

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI

OFFICE OF THE ATTORNEY GENERAL

ATTORNEY GENERAL'S OFFICE
300 NORTH GADSDEN AVENUE
JACKSON, MISSISSIPPI 39201

TESTING OFFICER:

(NAME)

OFFICE:

PERMIT NUMBER:

EXPIRATION DATE:

ISSUANCE DATE:

LABORATORY:

LABORATORY:

EXPIRATION DATE:

ISSUANCE DATE:

Operator Signature

[Handwritten Signature] #106

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGES
LABORATORY
1940

COMPLAINT	10/17
LABORATORY	10/17
STANDARD	10/17
ALCOHOL	10/17
DRUGS	10/17
TOBACCO	10/17
LABORATORY	10/17
STANDARD	10/17
ALCOHOL	10/17
DRUGS	10/17
TOBACCO	10/17

LABORATORY
STANDARD
ALCOHOL
DRUGS
TOBACCO

Operator Signature G. K. C. #106