



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

ORIGINAL
RECEIVED
 By Carol Day at 11:52 am, Sep 10, 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 Police Department	DATE OF INSPECTION 09/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 40 South Sprigg Street, Cape Girardeau, MO 63703	TIME OF INSPECTION 9:14 am
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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) 09/03/2014 09:14
<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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Repco LOT # 14001 EXP. DATE 04/30/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2221 EXP. DATE 07/14/2015

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 → .098	TEST 2 → .099	TEST 3 → .099
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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 2	(0-.04) 53	(.05-.09) 6	(.10-.14) 7	(.15-.19) 6	OVER .19 2
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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).

Found to be within DHSS Specs

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Jeffrey D Lucas
TYPE OF PERMIT NUMBER/EXPIRATION DATE 240223 05/10/2016	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 ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 14001

EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

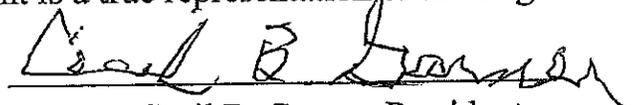
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 May 1, 2014
The expiration date for this lot number is April 30, 2016 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



PERMIT
TYPE II

JEFFREY D LUCAS

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 5/10/2014

NUMBER 240223

EXPIRES 5/10/2016

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 LUCAS, JEFFREY
 Permit No 240223
 Date Issued 5/10/2014 Date Expires 5/10/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF RECEIPT

TIME OF RECEIPT

BY WHOM RECEIVED

- RECEIVED FROM
- SUBJECT
- OFFICE
- AGENCY
- STATE
- FEDERAL
- LOCAL
- OTHER
- TESTING OFFICE
- LOCATION
- OFFICE
- PHONE
- ADDRESS
- CITY
- STATE
- ZIP

REMARKS

BLIND COPY
 INTERNAL SECURITY
 RATED CONFIDENTIAL

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN

LABORATORY POLICE DEPARTMENT

1000 UNIVERSITY STREET, ANN ARBOR, MI 48106

- TEST TYPE
- CLASSIFICATION
- OFFICE
- PERSON
- REPORTING OFFICE
- MICROFILMED

CONTAINER NO.

BLIND COPY	YES	NO
INTERNAL SECURITY	YES	NO
EXTENSIVE SEARCH	YES	NO
DELETED	YES	NO
EXCLUDED	YES	NO
NOTED	YES	NO
EXTERNAL SECURITY	YES	NO
BLIND COPY	YES	NO

DATE
 TIME
 BY WHOM

Operator Signature

J. Lucas

Operator Signature

J. Lucas

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN
DEPARTMENT OF LABOR RELATIONS

WAGE INVESTIGATION REPORT
BY: [Name] DATE: [Date]

EMPLOYER'S NAME:

EMPLOYEE'S NAME: [Name]

EMPLOYEE'S POSITION: [Position]

EMPLOYEE'S DEPARTMENT: [Department]

EMPLOYEE'S SUPERVISOR: [Supervisor]

EMPLOYEE'S EMPLOYMENT HISTORY: [History]

EMPLOYEE'S CURRENT SALARY: [Salary]

EMPLOYEE'S CURRENT BENEFITS: [Benefits]

EMPLOYEE'S CURRENT DUTIES: [Duties]

EMPLOYEE'S CURRENT WORKING CONDITIONS: [Conditions]

EMPLOYEE'S CURRENT WORKING CONDITIONS (continued): [Conditions]

Operator Signature J. Lee # 225