



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

received 2/4/14-cd

REVIEWED REPORT #
 By Carol Day at 8:27 am, Feb 11, 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 201239	NAME OF AGENCY Lebanon Police Department	DATE OF INSPECTION 01/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 401 S. Jefferson Lebanon, Missouri 65536		TIME OF INSPECTION 7:22 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) 01-29-2014 08:00
<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 _____ 49 °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</u> LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2755</u> EXP. DATE <u>07/23/2014</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 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 <input checked="" type="checkbox"/> 0.100	TEST 2 <input checked="" type="checkbox"/> 0.098	TEST 3 <input checked="" type="checkbox"/> 0.098
--	--	--

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)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	OVER .19	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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).

Instrument is working within DOH specifications.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Josh Fulton
TYPE II PERMIT NUMBER/EXPIRATION DATE 220160 07/06/2014	TELEPHONE NUMBER (417) 532-3131

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: 13001
EXPIRATION DATE: March 7, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

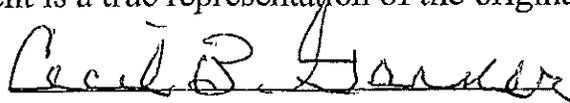
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOSH FULTON

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 07/06/2012

Number **220160**

Expires 07/06/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
LEWIS AND CLARK POLICE DEPARTMENT

THE DATA MASTER SERIAL NUMBER 201230
8/29/14

TESTING OFFICER:

OFFICER JOSHUA

OFFICER J.D. 324

PERMIT NUMBER: 220104

EXPIRES ON 07-30-14

ADDITIONAL DATA:

TEST

TEST

--- SUPERVISOR: NONE ---

BLANK TEST	.000	05100
INTERNAL STANDARD	VERIFIED	05100
EXTERNAL STANDARD	.100	05100
BLANK TEST	.000	05100
EXTERNAL STANDARD	.000	05100
BLANK TEST	.000	05100
EXTERNAL STANDARD	.000	05100
BLANK TEST	.000	05100

W = 0
S.M. = .1
M/G = 0.000

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
LEWIS AND CLARK POLICE DEPARTMENT

THE DATA MASTER SERIAL NUMBER 201230
8/29/14
M/G = 0.0

--- ANALYTICAL CHECK ---

CUMULATIVE: OKAY

PROXYM (94-97-2019)1: OKAY

RENTALS
SAMPLE COMMENTS: 49c

FLUM DETECTOR: OKAY

FLUM
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
LEADERSHIP POLICE DEPARTMENT

MOBILE DEPARTMENTEN SURVIVE TRAINING POLYGRAPH
01/29/14

DIRECT TYPE: 01/29

SUBJECT NAME:

TEST

DOB: 01/29/26 SEX: M

STATE: MO MO-TEST

ARRESTING OFFICER:

TEST

OFFICER I.D.# 504

TESTING OFFICER:

FULTON-JOSHUA

OFFICER I.D.# 1504

PERMIT NUMBER: 220110

EXPIRATION DATE: 01/29/14

MISCELLANEOUS DATA:

TEST

TEST

----- BREATH ANALYSIS -----

BLANK TEST	LOGS	01/16
INTERNAL STANDARD	VERIFIED	01/16
RADIO INTERFERENCE		

Operator Signature

