



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

**RECEIVED**  
 By Carol Day at 9:38 am, Apr 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<br>201239  | NAME OF AGENCY<br>Lebanon Police Department | DATE OF INSPECTION<br>04/07/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>401 S. Jefferson Lebanon, Missouri 65536 |   | TIME OF INSPECTION<br>4:59 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) 04-07-2014 05:13      |
| <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 RepCo Marketing LOT # 13001 EXP. DATE 03/07/2015   |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD2755 EXP. DATE 07/23/2014 |

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 → 0.96 | TEST 2 → 0.97 | TEST 3 → 0.97 |
|---------------|---------------|---------------|

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 | (0-.04) 2 | (.05-.09) 2 | (.10-.14) 0 | (.15-.19) 3 | OVER .19 0 |
|----------|-----------|-------------|-------------|-------------|------------|

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.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT FULL NAME<br>Josh Fulton     |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220160 07/06/2014 | TELEPHONE NUMBER<br>(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:

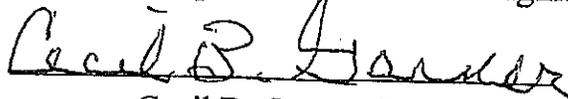
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 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  
LEBANON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261239  
04/07/14  
05:13

--- 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:;<=>?@ABCDEFGHIJKL  
MNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstu  
vwxyz{|}~\*

Operator Signature

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
LEBANON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261239  
04/07/14

TESTING OFFICER:  
FULTON/JOSH/A  
OFFICER I.D.# 384  
PERMIT NUMBER: 220160  
EXPIRATION DATE: 07/06/14  
MISCELLANEOUS DATA:  
TEST

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 05:15 |
| INTERNAL STANDARD | VERIFIED | 05:15 |
| EXTERNAL STANDARD | .096     | 05:16 |
| BLANK TEST        | .000     | 05:16 |
| EXTERNAL STANDARD | .097     | 05:17 |
| BLANK TEST        | .000     | 05:17 |
| EXTERNAL STANDARD | .097     | 05:18 |
| BLANK TEST        | .000     | 05:18 |

N = 3  
SIM. = .1  
AVG. = .0966

Operator Signature

2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
LEBANON POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201209  
04/07/14

ARREST TIME: 05:00  
SUBJECT NAME:  
TEST  
DOB: 09/09/30 SEX: M  
STATE/D.L.L.# MO-TEST  
ARRESTING OFFICER:  
TEST  
OFFICER I.D.# 324  
TESTING OFFICER:  
FULTON/JOSH/A  
OFFICER I.D.# 324  
PERMIT NUMBER: 220160  
EXPIRATION DATE: 07/06/14  
MISCELLANEOUS DATA:  
TEST

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 05:20 |
| INTERNAL STANDARD  | VERIFIED | 05:20 |
| RADIO INTERFERENCE |          |       |

Operator Signature

