



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

RECEIVED
 By Carol Day at 12:13 pm, Sep 22, 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 201239	NAME OF AGENCY Lebanon Police Department	DATE OF INSPECTION 09/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 401 S Jefferson, Lebanon, Mo. 65536		TIME OF INSPECTION 2:30 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) 09/17/2014 14:38
<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 # 13002 EXP. DATE 06/19/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34.0 °C	SIMULATOR SN SD2755 EXP. DATE 08/12/2015
<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 ➡ .097	TEST 2 ➡ .097	TEST 3 ➡ .098
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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	0	(0-.04)	1	(.05-.09)	0	(.10-.14)	3	(.15-.19)	1	OVER .19	0
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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).

Instrument is working within DOH specifications.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Matthew S. Wright
TYPE II PERMIT NUMBER/EXPIRATION DATE 230033 02/19/2015	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: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 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 .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

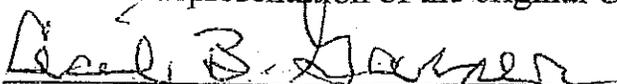
The alcohol and distilled water used in the solution were found to be free of any interfering substance.

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 June 20, 2013

The expiration date for this lot number is June 19, 2015 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



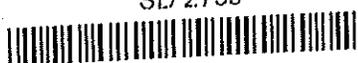
Cecil B. Garner, President
RepCo Marketing, Inc.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 08/12/2014 Expires: 08/12/2015
Digital Therm. SN:094948
MSC Tech:DRL Temp:34.00
Agency: Lebanon Police Dept
SD 2755



Technician Printed Name: DAN LUCAS

Technician Signature: 

Date: 8/12/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

MATTHEW S WRIGHT

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 02/19/2013

NUMBER 230033

EXPIRES 02/19/2015

MO 590-0771 (6-10)

Matthew S Wright

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shad Vorkley

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
LABORATORY, MOBILE, MISSISSIPPI

ALL INFORMATION ON THIS TICKET IS UNCLASSIFIED
DATE 01/11/01 BY 60322/UC/BAW

FIELD NO. 10000-00000
SUBJECT NAME
INSTRUMENT
DUI/DWI NUMBER
STATE, COUNTY, DISTRICT
LABORATORY OFFICE
LAB
OPERATOR NAME
LABORATORY NUMBER
OFFICE NUMBER
PHONE NUMBER
ELECTRONIC DEVICE NUMBER
RECORD NUMBER

SWORN ANALYST

DATE	TIME	LAB	OFFICE
01/11/01	08:00	MOBILE	MOBILE
01/11/01	08:00	MOBILE	MOBILE

Operator Signature

