



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

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 201255	NAME OF AGENCY Neosho Police Department	DATE OF INSPECTION 04/25/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North College St, Neosho ,MO 64850		TIME OF INSPECTION 8:45 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) <u>08:45</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 <u>49</u> °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>13002</u> EXP. DATE <u>06/19/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2237</u> EXP. DATE <u>10/17/2014</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  .096	TEST 2  .096	TEST 3  .095
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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)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME David Kennedy
TYPE IT PERMIT NUMBER/EXPIRATION DATE 230242 10/24/2015	TELEPHONE NUMBER (417) 451-8012

**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 +/-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 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.



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

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**PERMIT**  
**TYPE II**  
**DAVID KENNEDY**

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, INTOX DMT**

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 10/24/2013

NUMBER 230242

EXPIRES 10/24/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



**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 KENNEDY, DAVID  
 Permit No 230242  
 Date Issued 10/24/2013 Date Expires 10/24/2015

# BAC DataMaster Evidence Ticket

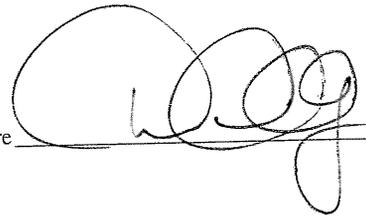
STATE OF MISSOURI  
HERSING POLICE DEPARTMENT  
BAC DATAMASTER SERIAL NUMBER 201255  
04-25-14

--- OPERATOR MODE ---

COMPUTER: OK  
PROGRAM (04-8-2014): OK  
HEATERS  
SAMPLE CHAMBER: OK  
FLUID DELIVERY: OK  
PUMP  
INLET SHEET: OK  
DETECTOR: OK  
FILTERS: OK  
WATER SYSTEM: OK  
CALIBRATION: OK

TESTER TEST  
CHECKING THE CAPSULES IN THE BAC  
MISCELLANEOUS DATA

Operator Signature



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2208-02

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
HERSING POLICE DEPARTMENT  
BAC DATAMASTER SERIAL NUMBER 201255  
04-25-14

TESTING OFFICER:  
KENNEDY/DARVEE  
OFFICER I.D.# 100  
PERMIT NUMBER: 200242  
EXPIRATION DATE: 10/21/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	1000	08:47
INTERNAL STANDARD	VERIF 121	08:48
EXTERNAL STANDARD	1000	08:49
BLANK TEST	1000	08:50
EXTERNAL STANDARD	1000	08:51
BLANK TEST	1000	08:52
EXTERNAL STANDARD	1000	08:53
BLANK TEST	1000	08:54

N = 3  
S.D. = ...  
R.M.S.D. = ...

Operator Signature



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2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
PENNSYLVANIA POLICE DEPARTMENT

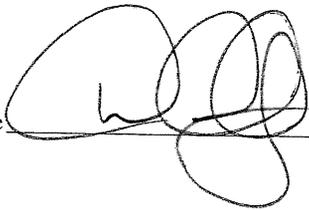
NAME: [Illegible] OFFICE: [Illegible]

DATE: [Illegible]  
TIME: [Illegible]  
LOCATION: [Illegible]  
CASE NO.: [Illegible]  
TESTING METHOD: [Illegible]  
OFFICER: [Illegible]  
LABORATORY: [Illegible]  
ANALYST: [Illegible]

### RESULTS ANALYSIS

0.08%	0.020	08:52
INTERFERENCE	ADDITION	08:52
ADDITION		

Operator Signature \_\_\_\_\_



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