



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

**RECEIVED**

REPORT #6

By Carol Day at 11:52 am, Apr 29, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or when 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><u>201282</u>   | NAME OF AGENCY<br><u>CARTAGE P.O.</u> | DATE OF INSPECTION<br><u>04/24/2014</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><u>370 W 4TH CARTAGE, MO</u> |                                       | TIME OF INSPECTION<br><u>0934</u>       |

**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>04/24/14 09:34</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>49.0</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         |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Repecu LOT # 13002 EXP. DATE 06/19/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 802225 EXP. DATE 08/01/2014

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 0.097 TEST 2 0.098 TEST 3 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) 1 (.05-.09) 2 (.10-.14) 4 (.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).

OPERATING WITHIN MO DHSS STANDARDS

**INSPECTING OFFICER**

SIGNATURE [Signature] PRINT FULL NAME Sgt John Hicks

TYPE II PERMIT NUMBER/EXPIRATION DATE 230162 08/14/2015 TELEPHONE NUMBER 417 358-8177

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.



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



**PERMIT**  
**TYPE II**  
**JOHN B HICKS**

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, INTOXILYZER 8000, ALCO-SENSOR IV  
 W/PRINTER**

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 8/14/2013

NUMBER 230162

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

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 HICKS, JOHN  
 Permit No 230162  
 Date Issued 8/14/2013 Date Expires 8/14/2015

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

DATE: 01/14/2008

OPERATOR: [Signature]

DRIVER: [Signature]

TIME: 10:00 AM

UNIT: 46

TEST TYPE: [Signature]

COMPUTER: [Signature]

PROBATION: [Signature]

HEIGHT: [Signature]

COMMIT: [Signature]

FLOR: [Signature]

DOB: [Signature]

SEX: [Signature]

HAIR: [Signature]

EYES: [Signature]

SCARS: [Signature]

DOB: [Signature]

REMARKS: [Signature]

OPERATOR: [Signature]  
DRIVER: [Signature]  
TEST TYPE: [Signature]

Operator Signature

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

DATE: 01/14/2008

OPERATOR: [Signature]

DRIVER: [Signature]

TIME: 10:00 AM

TEST TYPE: [Signature]

COMPUTER: [Signature]

PROBATION: [Signature]

HEIGHT: [Signature]

COMMIT: [Signature]

FLOR: [Signature]

DOB: [Signature]

SEX: [Signature]

HAIR: [Signature]

EYES: [Signature]

SCARS: [Signature]

DOB: [Signature]

REMARKS: [Signature]

OPERATOR: [Signature]

DRIVER: [Signature]

TEST TYPE: [Signature]

COMPUTER: [Signature]

PROBATION: [Signature]

HEIGHT: [Signature]

Operator Signature

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

LABORATORY OF FORENSIC SCIENCE  
1000 UNIVERSITY AVENUE, SUITE 100  
ANN ARBOR, MI 48106-1500  
734.769.3800

IDENTIFICATION NUMBER  
EVIDENCE NUMBER  
DATE RECEIVED  
RECEIVED BY  
CASE NUMBER  
CASE NAME  
INSTRUMENT MODEL NO.  
TUNING

| NAME       | DATE  | TIME  |
|------------|-------|-------|
| IDENTIFIED | 10/27 | 10:00 |
| ANALYZED   | 10/27 | 10:00 |
| EXTRACTED  | 10/27 | 10:00 |
| ALIAS      | 10/27 | 10:00 |
| EXTRACTED  | 10/27 | 10:00 |
| ANALYZED   | 10/27 | 10:00 |
| EXTRACTED  | 10/27 | 10:00 |
| ANALYZED   | 10/27 | 10:00 |

REMARKS  
SAMPLE NO.  
ANALYST

Operator Signature 