



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

**RECEIVED**  
REPORT ID:  
 By Carol Day at 9:40 am, Mar 18, 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>201302  | NAME OF AGENCY<br>St. Joseph Police Department | DATE OF INSPECTION<br>3-4-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon St. Joseph MO 64501 |  | TIME OF INSPECTION<br>0330   |

**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) 03/04/2014           |
| <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 48 °C         | <input checked="" type="checkbox"/> QUARTZSTANDARD |
| <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 LOT # 12002 EXRDATE 08-29-2014               |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD3330 EXP. DATE 01/02/2015 |

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 |
|---------------|---------------|-------------|

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

|  |                                  |
|--|----------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                  |
| SIGNATURE  | PRINT FULL NAME<br>ROBERT PAUL   |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230306 12-11-2015 | TELEPHONE NUMBER<br>816-271-4777 |

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: 12002  
EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

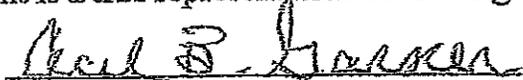
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 August 30, 2012  
The expiration date for this lot number is August 29, 2014 at 11:59 p.m.

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



Cecil B. Garner, President  
RepCo Marketing, Inc.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201206  
03/04/14  
03:34

--- DIAGNOSTIC CHECK ---

|                       |      |
|-----------------------|------|
| COMPUTER:             | OKAY |
| PROGRAM (04-07-2009): | OKAY |
| HEATERS               |      |
| SAMPLE CHAMBER:       | 48c  |
| FLOW DETECTOR:        | OKAY |
| PUMP                  |      |
| HIGH SPEED:           | OKAY |
| DETECTOR:             | OKAY |
| FILTERS:              | OKAY |
| QUARTZ STANDARD:      | OKAY |
| CALIBRATION:          | OKAY |

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
pqrsstuvwxyz{|}~

OPERATOR SIGNATURE 

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

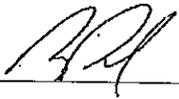
BAC DATAMASTER SERIAL NUMBER 201206  
03/04/14

ARREST TIME: 00:00  
SUBJECT NAME:  
DOE/JOHN  
DOB: 01/01/01 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
PAUL/ROBERT  
OFFICER I.D.: 5444  
TESTING OFFICER:  
PAUL/ROBERT  
OFFICER I.D.: 5444  
PERMIT NUMBER: 230306  
EXPIRATION DATE: 12/11/15  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST .000 03:55  
INTERNAL STANDARD VERIFIED 03:55  
AUDIO INTERFERENCE

OPERATOR SIGNATURE



No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201206  
03/04/14

TESTING OFFICER:  
PAUL/ROBERT/L  
OFFICER I.D.: 5444  
PERMIT NUMBER: 230306  
EXPIRATION DATE: 12/11/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 03:44  
INTERNAL STANDARD VERIFIED 03:45  
EXTERNAL STANDARD .101 03:45  
BLANK TEST .000 03:46  
EXTERNAL STANDARD .101 03:46  
BLANK TEST .000 03:47  
EXTERNAL STANDARD .101 03:47  
BLANK TEST .000 03:48

N = 3  
SIM. = .1  
AVG. = .101

OPERATOR SIGNATURE



Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901



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



**PERMIT  
 TYPE II**

**ROBERT L PAUL**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 12/11/2013

NUMBER 230306

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (8-10)

LAB-4 (R8-10)



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 PAUL, ROBERT  
 Permit No 230306  
 Date Issued 12/11/2013 Date Expires 12/11/2015