



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

**RECEIVED**  
 By Carol Day at 10:05 am, Feb 03, 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 202049	NAME OF AGENCY Waynesville Police Department	DATE OF INSPECTION 01/19/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 201 North Street Waynesville		TIME OF INSPECTION 1:11 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) 01/19/2014 00:56 am
<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 _____ 50 °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 RepCo Marketing Inc. LOT # 13001 EXP. DATE 03/07/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2283 EXP. DATE 01/10/2014

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  .103	TEST 2  .103	TEST 3  .104
--------------	--------------	--------------

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	1	(0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	OVER .19
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------

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 Corporal John Meir
TYPE II PERMIT NUMBER/EXPIRATION DATE 230030 02/08/2015	TELEPHONE NUMBER (573) 774-2198

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



CLARENCE LIBERTY

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 11/13/2012

Number 220386

Expires 11/13/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
WAYNESVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 202049  
01/19/14

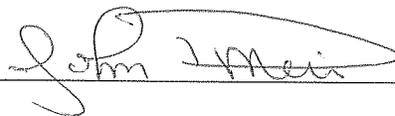
TESTING OFFICER:  
MEIR/JOHN  
OFFICER I.D.: 795  
PERMIT NUMBER: 230030  
EXPIRATION DATE: 02/08/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:07
INTERNAL STANDARD	VERIFIED	01:07
EXTERNAL STANDARD	.103	01:08
BLANK TEST	.000	01:08
EXTERNAL STANDARD	.103	01:09
BLANK TEST	.000	01:09
EXTERNAL STANDARD	.104	01:10
BLANK TEST	.000	01:11

N = 3  
SIM. = .1  
AVG. = .1033

Operator Signature



**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
WAYNESVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 202049  
01/19/14  
00:56

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
WAYNESVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 202049  
01/19/14

ARREST TIME: 01:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/19/14 SEX: M  
STATE/D.L.: MO/1234567  
ARRESTING OFFICER:  
MEIR/JOHN  
OFFICER I.D.: 705  
TESTING OFFICER:  
MEIR/JOHN  
OFFICER I.D.: 705  
PERMIT NUMBER: 230030  
EXPIRATION DATE: 02/08/15  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature

