



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

RECEIVED REPORT # 6
 By Carol Day at 8:13 am, Apr 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 203053	NAME OF AGENCY Hallsville Police Department	DATE OF INSPECTION 03/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 202 Highway 124 East, Hallsville, MO 65255		TIME OF INSPECTION 10:52 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>03/28/14 & 10:52</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, Inc</u> LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>093752</u> EXP. DATE <u>07/23/2014</u>

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 .099	TEST 2 .101	TEST 3 .102
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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).

Instrument is operating satisfactory.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Edward Fields
TYPE II PERMIT NUMBER/EXPIRATION DATE 240033 02/11/2016	TELEPHONE NUMBER (573) 696-3838

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 +/- .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.

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

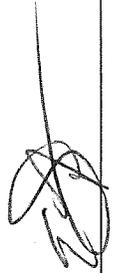
BAC DATA MASTER SERIAL NUMBER 203053
03/28/14

ARREST TIME: 10:45
SUBJECT NAME:
TEST/TEST/T
JOB: 06/06/66 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240033
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 11:07
INTERNAL STANDARD VERIFIED 11:07
RADIO INTERFERENCE

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 203053
03/28/14

TESTING OFFICER:
FIELDS/EDWARD
OFFICER I.D.: 9014
PERMIT NUMBER: 240033
EXPIRATION DATE: 02/11/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 11:01
INTERNAL STANDARD VERIFIED 11:01
EXTERNAL STANDARD .099 11:01
BLANK TEST .000 11:02
EXTERNAL STANDARD .101 11:03
BLANK TEST .000 11:04
EXTERNAL STANDARD .102 11:05

AVG. = .1005

Operator Signature



BAC DataMaster Evidence Ticket

STATE OF MISSOURI
HALLSVILLE POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 203053
03/28/14
10:52

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49C

FLOW DETECTOR: OKAY

PUMP HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature





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

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**PERMIT
 TYPE II**

EDWARD A FIELDS

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 2/11/2014

NUMBER 240033

EXPIRES 2/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES