



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

**RECEIVED**  
 By Carol Day at 4:04 pm, Feb 10, 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>204079  | NAME OF AGENCY<br>MISSOURI STATE HIGHWAY PATROL | DATE OF INSPECTION<br>02/01/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>ADAIR COUNTY JAIL, 215 NORTH FRANKLIN, KIRKSVILLE, MO. 63501 |   | TIME OF INSPECTION<br>12:16 pm   |

**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>02-01-2014 1216 HOURS</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>G 6812</u> EXP. DATE <u>05/23/2014</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  .096 | TEST 2  .097 | TEST 3  .097 |
|--------------|--------------|--------------|

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) | 1 | (.05-.09) | 0 | (.10-.14) | 2 | (.15-.19) | 0 | OVER .19 | 0 |
|----------|---|----------|---|-----------|---|-----------|---|-----------|---|----------|---|

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<br>  | PRINT FULL NAME<br>E. F. BROWN     |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240015 01/28/2016 | TELEPHONE NUMBER<br>(660) 385-2132 |

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:

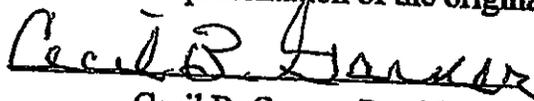
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



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

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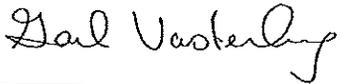
**PERMIT**  
**TYPE II**  
**ERIC F BROWN**

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 1/28/2014  
 NUMBER 240015  
 EXPIRES 1/28/2016

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (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 BROWN, ERIC  
 Permit No 240015  
 Date Issued 1/28/2014 Date Expires 1/28/2016

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

1. Date of Collection: \_\_\_\_\_  
 2. Time of Collection: \_\_\_\_\_  
 3. Location of Collection: \_\_\_\_\_  
 4. Name of Collector: \_\_\_\_\_  
 5. Name of Operator: \_\_\_\_\_  
 6. Name of Analyst: \_\_\_\_\_  
 7. Name of Supervisor: \_\_\_\_\_  
 8. Name of Agency: \_\_\_\_\_  
 9. Name of State: \_\_\_\_\_  
 10. Name of County: \_\_\_\_\_  
 11. Name of City: \_\_\_\_\_  
 12. Name of District: \_\_\_\_\_  
 13. Name of Precinct: \_\_\_\_\_  
 14. Name of Ward: \_\_\_\_\_  
 15. Name of Precinct: \_\_\_\_\_  
 16. Name of Ward: \_\_\_\_\_  
 17. Name of Precinct: \_\_\_\_\_  
 18. Name of Ward: \_\_\_\_\_  
 19. Name of Precinct: \_\_\_\_\_  
 20. Name of Ward: \_\_\_\_\_

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 20. Name of Ward: \_\_\_\_\_

| Device     | Model | Serial |
|------------|-------|--------|
| 1. Device  | Model | Serial |
| 2. Device  | Model | Serial |
| 3. Device  | Model | Serial |
| 4. Device  | Model | Serial |
| 5. Device  | Model | Serial |
| 6. Device  | Model | Serial |
| 7. Device  | Model | Serial |
| 8. Device  | Model | Serial |
| 9. Device  | Model | Serial |
| 10. Device | Model | Serial |

Signature CPI. [Signature] #173

Operator Signature CPI. [Signature] #173

