



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

RECEIVED
 By Carol Day at 4:01 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 204103	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Courthouse Square, Office 19 Lancaster, MO. Schuyler County Sheriff's Office		TIME OF INSPECTION 12:09 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>02-02-2014 1209 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>50</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 .100	TEST 2 .100	TEST 3 .101
--------------	--------------	--------------

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)	1	(.15-.19)	1	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Corporal Eric F. Brown #173
TYPE II PERMIT NUMBER/EXPIRATION DATE 240015 01/28/2016	TELEPHONE NUMBER (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:

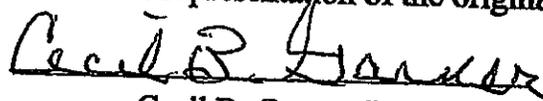
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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

2

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 580-0771 (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

MISSOURI STATE HIGHWAY PATROL
AND LABORATORIES
1000 EAST
COLUMBIA, MISSOURI 65201

LABORATORY STREET

CURRENT # 1000
PROBATION # 1000
VEHICLE # 1000
OWNER # 1000
PERMIT # 1000
EXPIRATION DATE 10/01
MISCELLANEOUS NOTES

OPERATOR SIGNATURE
CPL. [Signature] #173

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
AND LABORATORIES
1000 EAST
COLUMBIA, MISSOURI 65201

LABORATORY STREET

CURRENT # 1000
PROBATION # 1000
VEHICLE # 1000
OWNER # 1000
PERMIT # 1000
EXPIRATION DATE 10/01
MISCELLANEOUS NOTES

OPERATOR SIGNATURE
CPL. [Signature] #173

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

PLASMA SAMPLE PROVIDED BY: _____
AND THE SAMPLE IS FROM: _____
AT NO. _____

BY THE OFFICER:
ESSENTIAL:
OFFICER'S NO.: _____
CURRENT ASSIGNMENT: _____
EXPIRATION DATE: _____
BUSINESS LICENSE: _____

LABORATORY NO. _____

WARRANT NO.	_____	_____
FEDERAL WARRANT	_____	_____
COURT NO. / JUDGE	_____	_____
BLIND TEST	_____	_____
LABORATORY NO.	_____	_____
WARRANT NO.	_____	_____
COURT NO. / JUDGE	_____	_____
BLIND TEST	_____	_____

DATE: _____
TIME: _____
BY: _____

Operator Signature COV. [Signature] # 173

Printed on recycled paper with agri-based inks

CMSU 2208-02