



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

RECEIVED
 By Carol Day at 10:41 am, Apr 14, 2014

REPORT 1

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 <u>204131</u>	NAME OF AGENCY <u>MO STATE PATROL H-10</u>	DATE OF INSPECTION <u>04-01-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>DEKALB COUNTY SHERIFFS DEPT. MAYSVILLE</u>		TIME OF INSPECTION <u>2235</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed value where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>04-01-14 / 2235</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>12002</u> EXP. DATE <u>08-29-14</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.7</u> °C SIMULATOR SN <u>66786</u> EXP. DATE <u>09-09-14</u>	
<input checked="" type="checkbox"/> 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 <u>0.100</u>	TEST 2 <u>0.100</u>	TEST 3 <u>0.101</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	OVER .19 <u>0</u>
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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 LIMIT (USE OTHER SIDE IF NECESSARY). RETURNED TO SERVICE AFTER PRINTER REPLACEMENT.

INSPECTING OFFICER SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>P.M. KILBALL</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220235 09-07-14</u>	TELEPHONE NUMBER <u>816-387-2345</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
St. Louis, MO 63104

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.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



PAUL M KIMBALL

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 09/07/2012

Number 220235

Expires 09/07/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

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. Name of the person whose name is on the label: _____

2. Name of the person who collected the sample: _____

3. Name of the person who analyzed the sample: _____

4. Name of the person who prepared the sample: _____

5. Name of the person who received the sample: _____

6. Name of the person who transported the sample: _____

7. Name of the person who stored the sample: _____

8. Name of the person who retrieved the sample: _____

9. Name of the person who destroyed the sample: _____

10. Name of the person who disposed of the sample: _____

1. Name of the person whose name is on the label: _____

2. Name of the person who collected the sample: _____

3. Name of the person who analyzed the sample: _____

4. Name of the person who prepared the sample: _____

5. Name of the person who received the sample: _____

6. Name of the person who transported the sample: _____

7. Name of the person who stored the sample: _____

8. Name of the person who retrieved the sample: _____

9. Name of the person who destroyed the sample: _____

10. Name of the person who disposed of the sample: _____

Operator Signature _____

Operator Signature _____

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

THIS EVIDENCE TICKET IS TO BE FILLED OUT BY THE OPERATOR AT THE TIME THE SAMPLE IS COLLECTED. IT IS TO BE SUBMITTED TO THE LABORATORY WITH THE SAMPLE.

Operator Name: _____
Operator ID: _____

Vehicle ID: _____
Plate Number: _____
Color: _____
Make/Model: _____

Officer Name: _____
Officer ID: _____

Case Number: _____
Date/Time: _____
Location: _____

Remarks: _____

Operator Signature: _____
Date: _____

Operator Signature _____