



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

REPORT #6

received 5/10/14-cd

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 95 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed in service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED

By Carol Day at 2:19 pm, May 19, 2014

DATAMASTER SN 204131	NAME OF AGENCY MO STATE PATROL H-10	DATE OF INSPECTION 05-04-14
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LOCATION OF INSTRUMENT (STREET AND CITY) DEKALB Co. SHERIFF'S DEPT MAYSVILLE, MO	TIME OF INSPECTION 2146
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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) 05-04-14 / 2146
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATER'S 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 **REP Co MARKETING INC** LOT # **12002** EXP. DATE **08-29-14**

SIMULATOR TEMP (34°C ± 0.2°C) **33.2** °C SIMULATOR SN **G 6786** EXP. DATE **09-09-14**

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 = .095	TEST 2 = .098	TEST 3 = .097
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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 1	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 1	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).
N/A

INSPECTING OFFICER	
SIGNATURE <i>P.M. Kimball II</i>	PRINT FULL NAME P.M. KIMBALL
TYPE II PERMIT NUMBER/EXPIRATION DATE 220235 09-07-14	TELEPHONE NUMBER 816-387-2345

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: 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 AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
PAUL M KIMBALL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

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 4/22/2014

NUMBER 240175

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

80-0771 (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 **KIMBALL, PAUL**
 Permit No **240175**
 Date Issued **4/22/2014** Date Expires **4/22/2016**

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 Operator: _____
 5. Name of Agency: _____
 6. Name of Subject: _____
 7. Subject's Date of Birth: _____
 8. Subject's Sex: _____
 9. Subject's Race: _____
 10. Subject's Height: _____
 11. Subject's Weight: _____
 12. Subject's Hair Color: _____
 13. Subject's Eye Color: _____
 14. Subject's Complexion: _____
 15. Subject's Last Name: _____
 16. Subject's First Name: _____
 17. Subject's Middle Name: _____
 18. Subject's Address: _____
 19. Subject's City: _____
 20. Subject's State: _____
 21. Subject's Zip: _____
 22. Subject's Social Security Number: _____
 23. Subject's Driver's License Number: _____
 24. Subject's Vehicle Identification Number: _____
 25. Subject's Vehicle Make: _____
 26. Subject's Vehicle Model: _____
 27. Subject's Vehicle Year: _____
 28. Subject's Vehicle Color: _____
 29. Subject's Vehicle License Number: _____
 30. Subject's Vehicle Registration Number: _____
 31. Subject's Vehicle Insurance Company: _____
 32. Subject's Vehicle Insurance Policy Number: _____
 33. Subject's Vehicle Insurance Agent: _____
 34. Subject's Vehicle Insurance Address: _____
 35. Subject's Vehicle Insurance City: _____
 36. Subject's Vehicle Insurance State: _____
 37. Subject's Vehicle Insurance Zip: _____
 38. Subject's Vehicle Insurance Phone Number: _____
 39. Subject's Vehicle Insurance Fax Number: _____
 40. Subject's Vehicle Insurance E-mail Address: _____
 41. Subject's Vehicle Insurance Website: _____
 42. Subject's Vehicle Insurance Agent Name: _____
 43. Subject's Vehicle Insurance Agent Address: _____
 44. Subject's Vehicle Insurance Agent City: _____
 45. Subject's Vehicle Insurance Agent State: _____
 46. Subject's Vehicle Insurance Agent Zip: _____
 47. Subject's Vehicle Insurance Agent Phone Number: _____
 48. Subject's Vehicle Insurance Agent Fax Number: _____
 49. Subject's Vehicle Insurance Agent E-mail Address: _____
 50. Subject's Vehicle Insurance Agent Website: _____

Operator Signature _____

Face This Side Down - This Edge In First

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 13. Subject's Eye Color: _____
 14. Subject's Complexion: _____
 15. Subject's Last Name: _____
 16. Subject's First Name: _____
 17. Subject's Middle Name: _____
 18. Subject's Address: _____
 19. Subject's City: _____
 20. Subject's State: _____
 21. Subject's Zip: _____
 22. Subject's Social Security Number: _____
 23. Subject's Driver's License Number: _____
 24. Subject's Vehicle Identification Number: _____
 25. Subject's Vehicle Make: _____
 26. Subject's Vehicle Model: _____
 27. Subject's Vehicle Year: _____
 28. Subject's Vehicle Color: _____
 29. Subject's Vehicle License Number: _____
 30. Subject's Vehicle Registration Number: _____
 31. Subject's Vehicle Insurance Company: _____
 32. Subject's Vehicle Insurance Policy Number: _____
 33. Subject's Vehicle Insurance Agent: _____
 34. Subject's Vehicle Insurance Address: _____
 35. Subject's Vehicle Insurance City: _____
 36. Subject's Vehicle Insurance State: _____
 37. Subject's Vehicle Insurance Zip: _____
 38. Subject's Vehicle Insurance Phone Number: _____
 39. Subject's Vehicle Insurance Fax Number: _____
 40. Subject's Vehicle Insurance E-mail Address: _____
 41. Subject's Vehicle Insurance Website: _____
 42. Subject's Vehicle Insurance Agent Name: _____
 43. Subject's Vehicle Insurance Agent Address: _____
 44. Subject's Vehicle Insurance Agent City: _____
 45. Subject's Vehicle Insurance Agent State: _____
 46. Subject's Vehicle Insurance Agent Zip: _____
 47. Subject's Vehicle Insurance Agent Phone Number: _____
 48. Subject's Vehicle Insurance Agent Fax Number: _____
 49. Subject's Vehicle Insurance Agent E-mail Address: _____
 50. Subject's Vehicle Insurance Agent Website: _____

Operator Signature _____

