



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

RECEIVED
 By Carol Day at 9:21 am, Jun 18, 2014

REPORT #

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 70</u>	DATE OF INSPECTION <u>06-02-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>DEKALB CO. SHERIFF'S DPT MARYSVILLE, MO</u>		TIME OF INSPECTION <u>2245</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 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>06-02-14 2245</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"/> HEATER'S 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>12002</u> EXP. DATE <u>08-29-14</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.2</u> °C SIMULATOR SN <u>66286</u> EXP. DATE <u>07-09-14</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 <u>.097</u>	TEST 2 <u>.098</u>	TEST 3 <u>.099</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 LIMITS (USE OTHER SIDE IF NECESSARY).
N/A

INSPECTING OFFICER SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>P. M. KIMBALL</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>226235 09-02-14</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.
 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

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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

80-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)



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

Printed Name: [Faded] [Faded] [Faded]
Printed Address: [Faded] [Faded] [Faded]
Printed City: [Faded] [Faded] [Faded]
Printed State: [Faded] [Faded] [Faded]
Printed Zip: [Faded] [Faded] [Faded]

Printed Name: [Faded] [Faded] [Faded]
Printed Address: [Faded] [Faded] [Faded]
Printed City: [Faded] [Faded] [Faded]
Printed State: [Faded] [Faded] [Faded]
Printed Zip: [Faded] [Faded] [Faded]
Printed Name: [Faded] [Faded] [Faded]
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Printed City: [Faded] [Faded] [Faded]
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Printed Zip: [Faded] [Faded] [Faded]
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Printed Zip: [Faded] [Faded] [Faded]

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Printed City: [Faded] [Faded] [Faded]
Printed State: [Faded] [Faded] [Faded]
Printed Zip: [Faded] [Faded] [Faded]

Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

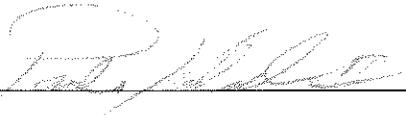
Printed Name: [Faded] [Faded] [Faded]
Printed Address: [Faded] [Faded] [Faded]
Printed City: [Faded] [Faded] [Faded]
Printed State: [Faded] [Faded] [Faded]
Printed Zip: [Faded] [Faded] [Faded]

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Printed Zip: [Faded] [Faded] [Faded]

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Printed Zip: [Faded] [Faded] [Faded]

Printed Name: [Faded] [Faded] [Faded]
Printed Address: [Faded] [Faded] [Faded]
Printed City: [Faded] [Faded] [Faded]
Printed State: [Faded] [Faded] [Faded]
Printed Zip: [Faded] [Faded] [Faded]

Operator Signature



Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

LABORATORY USE ONLY
DO NOT WRITE IN THESE SPACES
UNLESS INDICATED

REPORT NO. _____
CASE NO. _____
DATE _____

BY _____
TITLE _____
FACILITY _____

ANALYST _____
LABORATORY _____
ADDRESS _____

PHONE _____
FAX _____
E-MAIL _____

LABORATORY USE ONLY

RECEIVED BY _____ DATE _____
LABORATORY USE ONLY

Operator Signature _____

