



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

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:26 am, Jan 06, 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 204138 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 01/02/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Camden County Jail, Camdenton | | TIME OF INSPECTION 11:28 am |

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) 1-2-14/1128 hours |
| <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 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 |

| |
|---|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Repeco 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>34.00</u> °C SIMULATOR SN <u>2171</u> EXP. DATE <u>08/23/2014</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 .101% | TEST 2 .102% | TEST 3 .103% |
|---------------|---------------|---------------|

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) | 5 | (.05-.09) | 0 | (.10-.14) | 3 | (.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 Tpr. S. M. Cummings |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220011, 02/03/2014 | TELEPHONE NUMBER (573) 751-1000 |

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

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204138
01/02/14
11:28

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopq
rstuvwxyz{|}~

OPERATOR SIGNATURE *[Signature]* #196

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204138
01/02/14

TESTING OFFICER:
CUMMINGS/SCOTT/M
OFFICER I.D.: 196
PERMIT NUMBER: 220011
EXPIRATION DATE: 02/03/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 15:55 |
| INTERNAL STANDARD | VERIFIED | 15:55 |
| EXTERNAL STANDARD | .101 | 15:55 |
| BLANK TEST | .000 | 15:56 |
| EXTERNAL STANDARD | .102 | 15:57 |
| BLANK TEST | .000 | 15:57 |
| EXTERNAL STANDARD | .103 | 15:58 |
| BLANK TEST | .000 | 15:58 |

N = 3
IM. = .1
AVG. = .102

OPERATOR SIGNATURE *[Signature]* #10

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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204138
01/02/14

ARREST TIME: 12:00
SUBJECT NAME:
CUMMINGS/SCOTT/M
DOB: 12/23/62 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
CUMMINGS/SCOTT/M
OFFICER I.D.: 196
TESTING OFFICER:
CUMMINGS/SCOTT/M
OFFICER I.D.: 196
PERMIT NUMBER: 220011
EXPIRATION DATE: 02/03/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 16:07 |
| INTERNAL STANDARD | VERIFIED | 16:07 |
| RADIO INTERFERENCE | | |

OPERATOR SIGNATURE

#196