



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

RECEIVED
 By Carol Day at 10:30 am, 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 204144	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Cooper County Sheriff's Department, Boonville		TIME OF INSPECTION 4:54 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) 02/04/2014
<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 _____ 49 °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>Repc 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>34.1</u> °C SIMULATOR SN <u>G6784</u> EXP. DATE <u>08/20/2014</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 ➔ .102%	TEST 2 ➔ .103%	TEST 3 ➔ .103%
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	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).

Instrument operated within DHSS standards.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Corporal R.S. Thompson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230337 12/23/2015	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 204144
02/04/14

ARREST TIME: 13:00
SUBJECT NAME:
 QQQ
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/1111
ARRESTING OFFICER:
 RRR
OFFICER I.D.: 111
TESTING OFFICER:
 THOMPSON/RYAN/S
OFFICER I.D.: 672
PERMIT NUMBER: ~~210275~~ 230337 ^{PST}
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature _____



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204144
02/04/14

TESTING OFFICER:
THOMPSON/RYAN/S
OFFICER I.D.: 672
PERMIT NUMBER: ~~210275~~ 230337 ^{RST}
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	16:56
INTERNAL STANDARD	VERIFIED	16:56
EXTERNAL STANDARD	.102	16:57
BLANK TEST	.000	16:58
EXTERNAL STANDARD	.103	16:58
BLANK TEST	.000	16:59
EXTERNAL STANDARD	.103	16:59
BLANK TEST	.000	17:00

N = 3
SIM. = .1
AVG. = .1026

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204144
02/04/14
16:54

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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

Operator Signature



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:

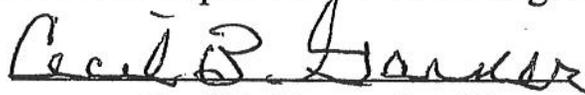
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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

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**PERMIT
 TYPE II**

RYAN S THOMPSON

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, 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 12/23/2013

NUMBER 230337

EXPIRES 12/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 THOMPSON, RYAN
 Permit No 230337
 Date Issued 12/23/2013 Date Expires 12/23/2015