



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

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed back into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED
By Carol Day at 2:35 pm, May 19, 2014

DATAMASTER SN 204154	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/10/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) Moniteau County Jail, 210 North Street, California, MO 65018		TIME OF INSPECTION 8:40 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) 05-10-14, 0840			
<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>Guth Laboratories</u>		LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>			
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.99</u> °C		SIMULATOR SN <u>G6759</u> EXP. DATE <u>02/07/2015</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 <input checked="" type="checkbox"/> 0.097	TEST 2 <input checked="" type="checkbox"/> 0.098	TEST 3 <input checked="" type="checkbox"/> 0.098			
<input checked="" type="checkbox"/> 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) 1	(.10-.14) 1	(.15-.19) 0	OVER .19 1
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 meets Department of Health Regulations.					
INSPECTING OFFICER					
SIGNATURE 		PRINT FULL NAME Brian J. Geler			
TYPE II PERMIT NUMBER/EXPIRATION DATE 230324 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			

REPCO MARKETING INC.3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-8480**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 284154
05/10/14
08:40

--- 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:;<=>?@ABCDEFGHIJKL
MNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~

Operator Signature *Taylor D. Lee #599*

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284154
05/10/14

TESTING OFFICER:

GEIER/BRIAN/J
OFFICER I.D.: 599
PERMIT NUMBER: 230324
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST .000 08:43
INTERNAL STANDARD VERIFIED 08:43
EXTERNAL STANDARD .097 08:44
BLANK TEST .000 08:44
EXTERNAL STANDARD .098 08:45
BLANK TEST .000 08:45
EXTERNAL STANDARD .098 08:46
BLANK TEST .000 08:46

N = 3
SIM. = .1
AVG. = .0976

Operator Signature *Taylor D. Lee #599*



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

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PERMIT
TYPE II
BRIAN J GEIER

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 230324

EXPIRES 12/23/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204154
05/10/14

ARREST TIME: 08:00
SUBJECT NAME:
TEST

DOB: 01/01/01 SEX: M
STATE/D.L.: MO/TEST
ARRESTING OFFICER:
TEST

OFFICER I.D.: TEST
TESTING OFFICER:
GEIER/BRIAN/J
OFFICER I.D.: 599
PERMIT NUMBER: 230324
EXPIRATION DATE: 12/23/15
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---
BLANK TEST .000 08:48
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 08:49

Operator Signature