



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

**RECEIVED**  
 By Carol Day at 10:16 am, Sep 26, 2014

REPORT #6

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<br>204154 | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/13/2014 |
|-------------------------|---|----------------------------------|

|   |                                |
|---|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Morgan County Jail, 211 E. Newton, Versailles, MO 65084 | TIME OF INSPECTION<br>12:18 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) 09-13-14, 0018        |
| <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         |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13001 EXP. DATE 03/07/2015

SIMULATOR TEMP (34°C ± 0.2°C) 33.99 °C SIMULATOR SN G8203 EXP. DATE 02/07/2015

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 <input checked="" type="checkbox"/> 0.098 | TEST 2 <input checked="" type="checkbox"/> 0.099 | TEST 3 <input checked="" type="checkbox"/> 0.100 |
|--|--|--|

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) | 0 | (.15-.19) | 0 | 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).

Instrument meets Department of Health Regulations.

**INSPECTING OFFICER**

|               |                                   |
|---------------|-----------------------------------|
| SIGNATURE<br> | PRINT FULL NAME<br>Brian J. Geier |
|---------------|-----------------------------------|

|  |                                    |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230324 12/23/2015 | TELEPHONE NUMBER<br>(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**

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.  
LOT NUMBER: 10002  
EXPIRATION DATE: June 14, 2012 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 10002 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 .1216 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 June 15, 2010.  
The expiration date for this lot number is June 14, 2012  
at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204154  
09/13/14

ARREST TIME: 23:30

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

00:30

INTERNAL STANDARD

VERIFIED

00:30

RADIO INTERFERENCE

Operator Signature



**BAC DataMaster  
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204154  
09/13/14  
00:10

--- 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

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

Operator Signature





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

2

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

MO 580-6771 (6-10)

BAC DataMaster  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204154  
09/13/14

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

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 00:24 |
| INTERNAL STANDARD | VERIFIED | 00:25 |
| EXTERNAL STANDARD | .098     | 00:25 |
| BLANK TEST        | .000     | 00:26 |
| EXTERNAL STANDARD | .099     | 00:26 |
| BLANK TEST        | .000     | 00:27 |
| EXTERNAL STANDARD | .100     | 00:27 |
| BLANK TEST        | .000     | 00:28 |

N = 3  
SIM. = .1  
AVG. = .099

Operator Signature