



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

**RECEIVED**

By Carol Day at 2:12 pm, Jun 26, 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 204158	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Morgan County Jail, 211 E. Newton, Versailles, MO 65084		TIME OF INSPECTION 8:36 pm
<b>CHECKLIST:</b> 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>06-14-14, 1836</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"/> 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>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>G8203</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"/> 0.098	TEST 2 <input checked="" type="checkbox"/> 0.099	TEST 3 <input checked="" type="checkbox"/> 0.099
<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 1	(0-.04) 2	(.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.		
<b>INSPECTING OFFICER</b>		
SIGNATURE 		PRINT FULL NAME Brian J. Geier
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.**3101-168 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5480**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:

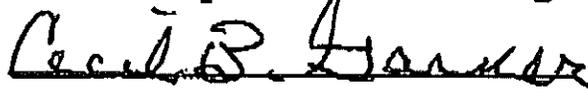
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 204158  
06/14/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:48
INTERNAL STANDARD	VERIFIED	20:48
EXTERNAL STANDARD	.098	20:48
BLANK TEST	.000	20:49
EXTERNAL STANDARD	.099	20:49
BLANK TEST	.000	20:50
EXTERNAL STANDARD	.099	20:50
BLANK TEST	.000	20:51

N = 3  
SIM. = .1  
RMG. = .0986

Operator Signature

*Tracy B. Hill* #5799

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204158  
06/14/14  
20:36

--- DIAGNOSTIC CHECK ---

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

PRINTER TEST  
!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~>

Operator Signature

*Tracy B. Hill* #5799



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 repair 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/23/2013

NUMBER 230324

EXPIRES 12/23/2015

MO 680-5771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAR-4 (08)

Face This Side Down - This Edge In First

BAC DataMaster  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204158  
06/14/14

ARREST TIME: 20:00

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

20:54

INTERNAL STANDARD

VERIFIED

20:54

RADIO INTERFERENCE

Operator Signature