



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

received 01/14/14-^{REPORT #6}ca

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 into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED
 By Carol Day at 12:29 pm, Feb 03, 2014

| | | |
|--|---|----------------------------------|
| DATA MASTER SN 204165 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 01/02/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington Street, Warsaw, Missouri 65355 (B.C.S.D.) | | TIME OF INSPECTION 8:39 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) 01/02/14 10:39 |
| <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 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing, Inc. LOT # 12002 EXP. DATE 08/29/2014

*SIMULATOR TEMP (34°C ± 0.2°C) 34.1 °C SIMULATOR SN G6791 EXP. DATE 07/16/2014

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 ← .099% | TEST 2 ← .099% | TEST 3 ← .099% |
|----------------|----------------|----------------|

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) | 3 | (.05-.09) | 4 | (.10-.14) | 5 | (.15-.19) | 3 | OVER .19 | 3 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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).

This instrument is operating within the guidelines set forth by the Missouri Department of Health.

INSPECTING OFFICER

| | |
|--|---|
| SIGNATURE Cpl. B.N. Comer, #263 | PRINT FULL NAME Cpl. B. N. Comer, #263 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230005 01/10/2015 | TELEPHONE NUMBER (816) 622-0800 |

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: 12002

EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 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 .1209 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 August 30, 2012
The expiration date for this lot number is August 29, 2014 at 11:59 p.m.

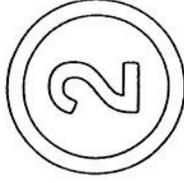
This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



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



**PERMIT
TYPE II**

BENJAMIN N COMER

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

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 01/10/2013
NUMBER 230005
EXPIRES 01/10/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul Vesterberg
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
01/02/14

ARREST TIME: 20:00
SUBJECT NAME:
RADIO/FREQUENCY/TEST
DOB: 01/01/80 SEX: F
STATE/D.L.: MO/1234567
ARRESTING OFFICER:
COMER/B/N
OFFICER I.D.: 263
TESTING OFFICER:
COMER/B/N
OFFICER I.D.: 263
PERMIT NUMBER: 230005
EXPIRATION DATE: 01/10/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 20:45
INTERNAL STANDARD VERIFIED 20:45
RADIO INTERFERENCE

Operator Signature CPL-BM Comer, #263

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
01/02/14
20:39

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

Operator Signature CPL-B.M. Comer, #263

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
01/02/14

TESTING OFFICER:
COMER/B/N
OFFICER I.D.: 263
PERMIT NUMBER: 230005
EXPIRATION DATE: 01/10/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 20:58 |
| INTERNAL STANDARD | VERIFIED | 20:58 |
| EXTERNAL STANDARD | .099 | 20:58 |
| BLANK TEST | .000 | 20:59 |
| EXTERNAL STANDARD | .099 | 20:59 |
| BLANK TEST | .000 | 21:00 |
| EXTERNAL STANDARD | .099 | 21:00 |
| BLANK TEST | .000 | 21:01 |

N = 3

SIM. = .1

AVG. = .099

Operator Signature CPL. B.N. Comer, #263