



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

RECEIVED 3/5/14-CD

REVIEWED REPORT #6
 By Carol Day at 3:42 pm, Apr 01, 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 204165	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington Street, Warsaw, Missouri 65355 (B.C.S.D.)		TIME OF INSPECTION 12:52 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) 02/28/14 12:52
<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>RepCo Marketing, Inc.</u> LOT # <u>12002</u> EXP. DATE <u>08/29/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.1</u> °C SIMULATOR SN <u>G6792</u> EXP. DATE <u>07/16/2014</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 <input checked="" type="checkbox"/> .100%	TEST 2 <input checked="" type="checkbox"/> .101%	TEST 3 <input checked="" type="checkbox"/> .101%
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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	1	(0-.04)	3	(.05-.09)	0	(.10-.14)	5	(.15-.19)	1	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).

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

INSPECTING OFFICER

SIGNATURE <i>Cpl. B.N. Comer, #263</i>	PRINT FULL NAME Cpl. B. N. Comer, #263
TYPE II PERMIT NUMBER/EXPIRATION DATE 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

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
02/28/14

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:14
INTERNAL STANDARD	VERIFIED	13:14
EXTERNAL STANDARD	.100	13:14
BLANK TEST	.000	13:15
EXTERNAL STANDARD	.101	13:15
BLANK TEST	.000	13:16
EXTERNAL STANDARD	.101	13:16
BLANK TEST	.000	13:17

N = 3
SIM. = .1
AVG. = .1006

Operator Signature Cpl. M. Comer, # 263

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
02/28/14
12:52

--- 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:;<=>?@AB CDEFG
HIJKLMN OPQRSTU VWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~

Operator Signature CPI. Bill. Conway # 263

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204165
02/28/14

ARREST TIME: 12:15

SUBJECT NAME:

RADIO/FREQUENCY/TEST

DOB: 02/20/89 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 13:05
INTERNAL STANDARD VERIFIED
RADIO INTERFERENCE 13:05

Operator Signature CPI. Bill. Conway # 263

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 at August 29, 2014

11:59 p.m.

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

Cecil B. Garner

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):

DATA MASTER

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
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MO 580-0771 (6-10) LAB-4 (R6-10)