



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

RECEIVED

By Carol Day at 3:44 pm, Apr 14, 2014

REPORT #

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 95 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 204175	NAME OF AGENCY MO STATE PATROL H-10	DATE OF INSPECTION 04-02-14
LOCATION OF INSTRUMENT (STREET AND CITY) DAVISS CO. BOOKING ROOM GALLATI, MO		TIME OF INSPECTION 2125

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) 04-02-14 / 2125
<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 REP CO. MARKETING INC. LOT # 12002 EXP. DATE 08-29-14
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 33.9 °C SIMULATOR SN G6786 EXP. DATE 09-09-14

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 .075	TEST 2 .076	TEST 3 .076
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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) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	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 LIMIT (USE OTHER SIDE IF NECESSARY). **N/A**

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT FULL NAME P.M. KIMBALL
TYPE II PERMIT NUMBER/EXPIRATION DATE 220235 09-07-14	TELEPHONE NUMBER 816-387-2345
RETURN COMPLETED REPORT TO THE:	Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd

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



P E R M I T
TYPE II



PAUL M KIMBALL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/07/2012

Number 220235

Expires 09/07/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
DATA MASTER SERIAL NUMBER 204175
04/02/14
21125

DIAGNOSTIC CHECK

- LOW OIL PRESSURE: OKAY
- PROBLEMS (04-07-2009): OKAY
- BEATERS: OKAY
- CHRYSLER ENGINE: OKAY
- FLUID IN FUEL LINE: OKAY
- FUEL: OKAY
- FUEL SPEED: OKAY
- BEATERS: OKAY
- FILTER: OKAY
- BEATERS: OKAY
- BEATERS: OKAY

PRINTER TEST

0123456789 ABC=>789ABCDEF
ABCDEFGHIJKL MNOPQRSTUVWXYZ
0123456789

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
DATA MASTER SERIAL NUMBER 204175
04/02/14
21125

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- BEATERS: OKAY
- BEATERS: OKAY

Signature



Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

DATE OF TEST: _____
TIME OF TEST: _____
TESTER: _____

VEHICLE MAKE: _____
VEHICLE MODEL: _____
VEHICLE YEAR: _____
VEHICLE COLOR: _____
VEHICLE TYPE: _____
VEHICLE REGISTRATION: _____
VEHICLE LICENSE: _____
VEHICLE VIN: _____
VEHICLE ODOMETER: _____
VEHICLE MILEAGE: _____
VEHICLE MAKE: _____
VEHICLE MODEL: _____
VEHICLE YEAR: _____
VEHICLE COLOR: _____
VEHICLE TYPE: _____
VEHICLE REGISTRATION: _____
VEHICLE LICENSE: _____
VEHICLE VIN: _____
VEHICLE ODOMETER: _____
VEHICLE MILEAGE: _____

TESTER SIGNATURE: _____

TESTER NAME: _____
TESTER ADDRESS: _____
TESTER PHONE: _____

Operator Signature _____

