



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

**DATAMASTER MAINTENANCE REPORT**

RECEIVED 1/14/14-CD 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.

**REVIEWED**  
By Carol Day at 8:39 am, Jan 23, 2014

DATAMASTER SN 204178	NAME OF AGENCY M.S.H.P.--H/4	DATE OF INSPECTION 1-07-14
LOCATION OF INSTRUMENT (STREET AND CITY) Mercer County S.O., Princeton, MO		TIME OF INSPECTION 2118

**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) 01-7-14 2118
<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 LTD LOT # 13001 EXP. DATE 3-7-15

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G6756 EXP. DATE 1-10-14

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 - 097	TEST 2 - 099	TEST 3 - 100
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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	0 (0-.04)	1 (.05-.09)	0 (.10-.14)	0 (.15-.19)	0 OVER .19
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Doug Little</i>	PRINT FULL NAME Doug Little
TYPE II PERMIT NUMBER/EXPIRATION DATE 230004 01-08-15	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.  
Poplar Bluff, MO 63901

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:

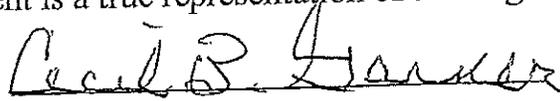
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



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

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**PERMIT  
TYPE II**

**DOUGLAS P LITTLE**

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 **01/08/2013**

NUMBER **230004**

EXPIRES **01/08/2015**

*W. S. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Stacy Vandenberg*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

1. Date of Collection: \_\_\_\_\_  
2. Time of Collection: \_\_\_\_\_  
3. Location of Collection: \_\_\_\_\_  
4. Name of Operator: \_\_\_\_\_  
5. Name of Agency: \_\_\_\_\_  
6. Name of Subject: \_\_\_\_\_  
7. Subject's Date of Birth: \_\_\_\_\_  
8. Subject's Sex: \_\_\_\_\_  
9. Subject's Race: \_\_\_\_\_  
10. Subject's Height: \_\_\_\_\_  
11. Subject's Weight: \_\_\_\_\_  
12. Subject's Hair Color: \_\_\_\_\_  
13. Subject's Eye Color: \_\_\_\_\_  
14. Subject's Complexion: \_\_\_\_\_  
15. Subject's Occupation: \_\_\_\_\_  
16. Subject's Address: \_\_\_\_\_  
17. Subject's Phone Number: \_\_\_\_\_  
18. Subject's Driver's License Number: \_\_\_\_\_  
19. Subject's Social Security Number: \_\_\_\_\_  
20. Subject's MVA Number: \_\_\_\_\_



Operator Signature \_\_\_\_\_

*D. J. P. H.*