



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

received 8/11/14-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 10:08 am, Aug 28, 2014

DATAMASTER SN 204178	NAME OF AGENCY M.S.H.P.--H/4	DATE OF INSPECTION 08-05-2014
LOCATION OF INSTRUMENT (STREET AND CITY) Mercer County S.O., Princeton, MO		TIME OF INSPECTION 1800

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)	08-05-14 1800
<input type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR	
<input type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS	
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD	
<input type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION	
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER	

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>REPCO MARKETING INC</u> LOT # <u>13001</u> EXP. DATE <u>3-7-15</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>G8200</u> EXP. DATE <u>1-13-15</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 <u>097</u>	TEST 2 <u>097</u>	TEST 3 <u>097</u>
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19

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).

WITHIN D.O.H. SPECS

INSPECTING OFFICER	
SIGNATURE <u>Doug Little</u>	PRINT FULL NAME Doug Little
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240176 04-22-16</u>	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



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, INTOX DMT

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 4/22/2014

NUMBER 240176

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 589-0771 (6-10)

LAB-4 (RS-10)



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator LITTLE, DOUGLAS
Permit No 240176
Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

1. Date of Collection: _____
 2. Location: _____
 3. Case No.: _____
 4. Substrate: _____
 5. Instrument: _____
 6. Operator: _____
 7. Analyst: _____
 8. Reviewer: _____
 9. Date of Analysis: _____
 10. Date of Report: _____
 11. Method: _____
 12. Results: _____
 13. Comments: _____
 14. Signature: _____
 15. Title: _____

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 2. Location: _____
 3. Case No.: _____
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 9. Date of Analysis: _____
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 11. Method: _____
 12. Results: _____
 13. Comments: _____
 14. Signature: _____
 15. Title: _____

Operator Signature

[Handwritten Signature]

Operator Signature

[Handwritten Signature]

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

1. Case No. _____
2. Date of Collection _____
3. Location of Collection _____
4. Name of Collector _____
5. Name of Agency _____
6. Name of Operator _____
7. Name of Supervisor _____
8. Name of Analyst _____
9. Name of Reviewer _____
10. Name of Approver _____
11. Name of Recipient _____
12. Name of Recipient Agency _____
13. Name of Recipient Address _____
14. Name of Recipient City _____
15. Name of Recipient State _____
16. Name of Recipient Zip _____
17. Name of Recipient Phone _____
18. Name of Recipient Fax _____
19. Name of Recipient Email _____
20. Name of Recipient Website _____

Operator Signature

Operator Signature

