



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

**RECEIVED**  
 By Carol Day at 3:08 pm, Jan 24, 2014

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.

|  |   |                                  |
|--|---|----------------------------------|
| DATAMASTER SN<br>204179  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>01/24/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Lawrence County Jail, Mount Vernon |   | TIME OF INSPECTION<br>11:25 am   |

**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) 01/24/2014 11:25      |
| <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 RepCo Marketing Inc. LOT # 13001 EXP. DATE 03/07/2015 |   |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 33.9 °C SIMULATOR SN G6830 EXP. DATE 11/19/2014     |   |

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 → 0.097% | TEST 2 → 0.097% | TEST 3 → 0.098% |
|-----------------|-----------------|-----------------|

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) | 1 | (.10-.14) | 3 | (.15-.19) | 3 | 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).

|  |   |
|--|---|
| <b>INSPECTING OFFICER</b>                                  |   |
| SIGNATURE<br>  | PRINT FULL NAME<br>Cpl. Steven C. Jones |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220347 10/10/2014 | TELEPHONE NUMBER<br>(417) 895-6868      |

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

REP CO MARKETING INC.

3101-100 STONEYBROOK BLVD  
BALTIMORE, MD 21004  
810-428-5400

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:

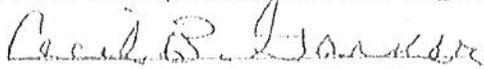
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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%  $\mu$ 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



P E R M I T  
TYPE II



STEVEN C. JONES

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 10/10/2012

Number 220347

Expires 10/10/2014

MO 689 0711 (7-85)

Director of State Public Health Laboratory

Director, Department of Health

14b-4 (07-85)

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
01/24/14  
11:25

--- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefg h i j k l m n o  
p q r s t u v w x y z { | } ~

Operator Signature



**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
01/24/14

TESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
PERMIT NUMBER: 220347  
EXPIRATION DATE: 10/10/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 11:31 |
| INTERNAL STANDARD | VERIFIED | 11:31 |
| EXTERNAL STANDARD | .097     | 11:32 |
| BLANK TEST        | .000     | 11:33 |
| EXTERNAL STANDARD | .097     | 11:33 |
| BLANK TEST        | .000     | 11:34 |
| EXTERNAL STANDARD | .098     | 11:34 |
| BLANK TEST        | .000     | 11:35 |

N = 3  
SIM. = .1  
AVG. = .0973

for Signature



Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204179  
01/24/14

ARREST TIME: 01:12  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/12/23      SEX: M  
STATE/D.L.: MO/S69WGEFS  
ARRESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
TESTING OFFICER:  
JONES/S/C  
OFFICER I.D.: 500  
PERMIT NUMBER: 220347  
EXPIRATION DATE: 10/10/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 11:37 |
| INTERNAL STANDARD  | VERIFIED | 11:37 |
| RADIO INTERFERENCE |          |       |

Operator Signature

