



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

RECEIVED
 By Carol Day at 8:45 am, Mar 07, 2014 #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 204179 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 02/27/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 300 E. Water, Mount Vernon | | TIME OF INSPECTION 10:36 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) <u>02/27/2014 10:36 pm</u> |
| <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 <u>50</u> °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>13001</u> EXP. DATE <u>03/17/2015</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>33.9</u> °C SIMULATOR SN <u>G6830</u> EXP. DATE <u>11/19/2014</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 ➔ 0.098 | TEST 2 ➔ 0.098 | TEST 3 ➔ 0.099 |
|----------------|----------------|----------------|

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) | 1 | (.15-.19) | 1 | OVER .19 | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

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 | PRINT FULL NAME Cpl. Steven Jones |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220347 / 10/10/2014 | TELEPHONE NUMBER (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

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

Director of State Public Health Laboratory

Director, Department of Health

REPco MARKETING INC.

FORM RM 02
MAY 4, 2011
REV. 03/2011

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:

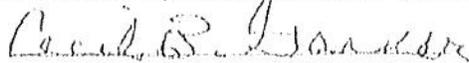
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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/110L 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.

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204179
02/27/14

ARREST TIME: 01:12
SUBJECT NAME:
RFI/TEST
DOB: 01/12/23 SEX: M
STATE/D.L.: MP/93HE96E9E
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:
RFI

--- BREATH ANALYSIS ---

BLANK TEST .000 22:47
INTERNAL STANDARD VERIFIED 22:47
RADIO INTERFERENCE

Operator Signature



**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204179
02/27/14

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

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 22:40 |
| INTERNAL STANDARD | VERIFIED | 22:40 |
| EXTERNAL STANDARD | .098 | 22:40 |
| BLANK TEST | .000 | 22:41 |
| EXTERNAL STANDARD | .098 | 22:41 |
| BLANK TEST | .000 | 22:42 |
| EXTERNAL STANDARD | .099 | 22:42 |
| BLANK TEST | .000 | 22:43 |

N = 3
SIM. = .1
AVG. = .0983

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204179
02/27/14
22:36

--- 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[\]^_`abcdefghijklmnop
qrstuvwxyz{|}~



Operator Signature _____