



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

REPORT #6

RECEIVED
 By Carol Day at 3:09 pm, Jun 19, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 3 months). 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 206007	NAME OF AGENCY Potosi PD	DATE OF INSPECTION 06/12/2014
LOCATION OF INSTRUMENT (STREET AND CITY) One Police Plaza Potosi, MO 63664		TIME OF INSPECTION 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) 06/12/2014 1125
<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 _____ 49 °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	LOT # 13002 EXP. DATE 06/19/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.00 °C	SIMULATOR SN SD1312 EXP. DATE 05/08/2015

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 → .095	TEST 2 → .095	TEST 3 → .095
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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)	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 LIMITS (USE OTHER SIDE IF NECESSARY).

This instrument operates within established limits

INSPECTING OFFICER	
SIGNATURE Lt. Michael Gum DSN 102	PRINT FULL NAME Lt. Michael Gum DSN 102
TYPE II PERMIT NUMBER/EXPIRATION DATE 220359 10/11/2014	TELEPHONE NUMBER (573) 438-5468

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: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

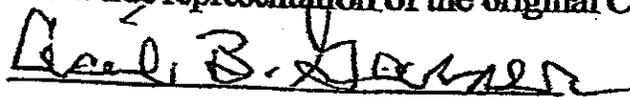
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 June 20, 2013
The expiration date for this lot number is June 19, 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

PERMIT TYPE II

WYN MICHAEL CUNA

is hereby authorized to instruct and supervise operators, train instructors, inspect
and make necessary adjustments and operate the following breath analyzer(s):

DATA MANAGER

for the maintenance of the alcoholic content of blood from a sample of expired (alveolar)
air tested under the provisions of sections 577.020 through 577.040, RSMo 1966.

Exp. 10/11/2012

Number 220859

Expires 10/11/2014

NO EXPIRATION

Wyn Michael Cuna

Director of the Bureau of Health Statistics

[Signature]

Director, Bureau of Health Statistics

10/11/2012





Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19CSR 25-30.051 (4).

Checked: 05/08/2014 Expires: 05/08/2015
Digital Therm. SN: 094948
MSC Tech: DDD Temp: 34.00
Agency: Potosi Police Department
SD 1312



Technician Printed Name:

DONALD D. DEBOARD

Technician Signature:

DD DeBoard

Date:

05-08-2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 295007
06/12/14

TESTING OFFICER:
GUM/M/M
OFFICER I.D.: 102
PERMIT NUMBER: 220559
EXPIRATION DATE: 10/13/14
MISCELLANEOUS DATA:
100 SCALE

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:27
INTERNAL STANDARD	VERIFIED	11:28
EXTERNAL STANDARD	.095	11:28
BLANK TEST	.000	11:29
EXTERNAL STANDARD	.095	11:29
BLANK TEST	.000	11:30
EXTERNAL STANDARD	.095	11:30
BLANK TEST	.000	11:31

N = 3
SIM. = .11
AVG. = .095

OPERATOR SIGNATURE

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

CARD STK #
60036

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 295007
06/12/14
11:25

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS:	
SAMPLE CHAMBER:	49:
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJKL
MNO PQRSTU VWXYZ[\]^_`ab cde fgh i jk l m n o
p q r s t u v w x y z { | } ~ ?

OPERATOR SIGNATURE

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

CARD STK #
60036

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 266067
06/12/14

ARREST TIME: 11:15
SUBJECT NAME:
DOE/JOHN/Q
DOB: 10-10-18 SEX: M
STATE/D.L.: MO-122456789
ARRESTING OFFICER:
TEST
OFFICER I.D.:
TESTING OFFICER:
SUN/Q/Q
OFFICER I.D.: 102
PERMIT NUMBER: 226359
EXPIRATION DATE: 10-11/14
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	1000	11:34
INTERNAL STANDARD	VERIFIED	11:34
RADIO INTERFERENCE		

OPERATOR SIGNATURE



CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)