



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

RECEIVED
 By Carol Day at 8:20 am, Nov 07, 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 206007	NAME OF AGENCY Potosi PD	DATE OF INSPECTION 10/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) One Police Plaza Potosi, MO 63664		TIME OF INSPECTION 12:59 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) 10/29/2014 1259
<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 # 14001 EXP. DATE 04/30/2016
<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 • .097	TEST 2 • .097	TEST 3 • .097
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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)	1	(.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 <i>M. Miller</i>	PRINT FULL NAME Lt. Michael Gum DSN 102
TYPE II PERMIT NUMBER/EXPIRATION DATE 240359 10/03/2016	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: 14001

EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

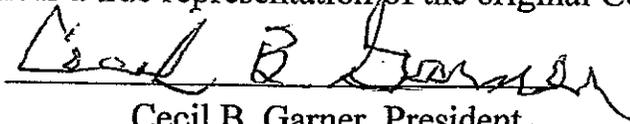
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 May 1, 2014
The expiration date for this lot number is April 30, 2016 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

2

PERMIT
TYPE II
MICHAEL GUM

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.

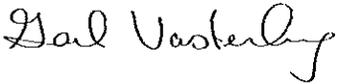
DATE 10/3/2014

NUMBER 240359

EXPIRES 10/3/2016

MO 580-0771 (6-10)


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


 ,acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

 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.



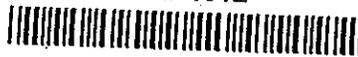
Operator GUM, MICHAEL
 Permit No 240359
 Date Issued 10/3/2014 Date Expires 10/3/2016



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 206007
10/29/14

TESTING OFFICER:
GUM/W/M
OFFICER I.D.: 102
PERMIT NUMBER: 240359
EXPIRATION DATE: 10-03-16
MISCELLANEOUS DATA:
.100 SCALE

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:01
INTERNAL STANDARD	VERIFIED	13:01
EXTERNAL STANDARD	.097	13:02
BLANK TEST	.000	13:02
EXTERNAL STANDARD	.097	13:03
BLANK TEST	.000	13:03
EXTERNAL STANDARD	.097	13:04
BLANK TEST	.000	13:04

N = 3
S.D. = .1
AVG. = .097

OPERATOR SIGNATURE

H. M. P. G. 102

RD STK # 60036 REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 206007
10/29/14
12:59

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (084-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % & ' () * + , - . / : ; < = > ? @ [\] ^ _ ` { | } ~
HIJKLMNOPQRSTUVWXYZ [] ^ _ ` { | } ~
abcdefghijklmnopqrstuvwxyz [] ^ _ ` { | } ~

OPERATOR SIGNATURE

H. M. P. G. 102

CARD STK # 60036 REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 206007
10/29/14

ARREST TIME: 12:45
SUBJECT NAME:
DOE/JOHN/D
DOB: 10/10/10 SEX: M
STATE/D.L.: MO-123456789
ARRESTING OFFICER:
TEST
OFFICER I.D. #
TESTING OFFICER:
DUM/D/P
OFFICER I.D. # 100
PERMIT NUMBER: 240000
EXPIRATION DATE: 10-03-16
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	13:08
INTERNAL STANDARD	VERIFIED	13:09
RADIO INTERFERENCE		

OPERATOR SIGNATURE *H. M. P. 2. 102*

CARD STK #
60036

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