



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

RECEIVED

REPORT #6

By Carol Day at 12:00 pm, Jan 02, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 940097 | NAME OF AGENCY Sweet Springs Police Dept | DATE OF INSPECTION 12-20-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 324 S. Miller st. Sweet Springs | | TIME OF INSPECTION 19:04 |

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) 12/20/14 19:04 |
| <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 Repla Marketing LOT # 13002 EXP. DATE 6/19/2015 |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34°C ± 0.2° °C SIMULATOR SN SD3144 EXP. DATE 08/25/2015 |

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)

| |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE |

| | | |
|--------------------|--------------------|--------------------|
| TEST 1 100% | TEST 2 100% | TEST 3 100% |
|--------------------|--------------------|--------------------|

PERFORM R.F.I. TEST (PRINTOUT ATTACHED) **RFI Detected.**

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 |
|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|

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 is operating within Dept of Health Specifications using .100% Solution from Repla Marketing, bearing Lot # 13002 with exp. date of 06/19/15 and manufacture date 6/20/2013.

| | |
|---|---|
| INSPECTING OFFICER SIGNATURE Melvin Taber | PRINT FULL NAME Melvin Taber |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230211 10/02/2015 | TELEPHONE NUMBER 660 335 6823 |

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 +/-0.003 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 AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
MELVIN L TABER

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 10/2/2013

NUMBER 230211

EXPIRES 10/2/2015

MO 680-0771 (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 **TABER, MELVIN**
Permit No **230211**
Date Issued **10/2/2013** Date Expires **10/2/2015**

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SWEET SPRINGS POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 948897
12/29/14

TESTING OFFICER:
TABER, HELVIN, L.
OFFICER I.D.: 982
PERMIT NUMBER: 200211
EXPIRATION DATE: 10/02/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE TEST
SUPERVISOR MODE

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 19:07 |
| INTERNAL STANDARD | VERIFIED | 19:07 |
| EXTERNAL STANDARD | .100 | 19:08 |
| BLANK TEST | .000 | 19:08 |
| EXTERNAL STANDARD | .100 | 19:09 |
| BLANK TEST | .000 | 19:09 |
| EXTERNAL STANDARD | .100 | 19:10 |
| BLANK TEST | .000 | 19:10 |

N = 3
SIN. = .909
AVG. = .1

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SWEET SPRINGS POLICE DEPARTMENT

DAC DATAMASTER SERIAL NUMBER 948897
12/29/14

ARREST TIME: 10:00
SUBJECT NAME:
TABER, M, L.
DOB: 01/23/50 SEX: M
STATE I.D.: MO/120456789
ARRESTING OFFICER:
TABER, HELVIN, L.
OFFICER I.D.: 982
TESTING OFFICER:
TABER, HELVIN, L.
OFFICER I.D.: 982
PERMIT NUMBER: 200211
EXPIRATION DATE: 10/02/15
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE REPORT
RADIO INTERFERENCE TEST

BREATH ANALYSIS

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 19:11 |
| INTERNAL STANDARD | VERIFIED | 19:11 |
| RADIO INTERFERENCE | | |

Operator Signature _____

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MICHIGAN
CANTON SPRINGS POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 040007
12-28-14
19104

DIAGNOSTIC CHECK

COMPUTER: OKAY
PROGRAM (04-27-2005): OKAY
HEATERS
SAMPLE CHAMBER: 42L
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
OXYGEN SENSORS: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg|hijklmnop
q rstuvwxyz{|}~*

Operator Signature _____