



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

**RECEIVED**  
 By Carol Day at 2:22 pm, Jul 22, 2014

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 950053	NAME OF AGENCY Centralia Police Department	DATE OF INSPECTION 07/22/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 114 S Rollins St, Centralia		TIME OF INSPECTION 2:04 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) 07/22/2014 14:04
<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 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

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Repco LOT # 14001 EXP. DATE 04/30/2015

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 094948 EXP. DATE 03/11/2015

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  .102	TEST 2  .102	TEST 3  .103
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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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT FULL NAME Timothy Kribbs
TYPE II PERMIT NUMBER/EXPIRATION DATE 230007 01/10/2015	TELEPHONE NUMBER (573) 682-2132

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 AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**PERMIT  
 TYPE II**

2

**IMMOTILE MAKERS**

Is hereby authorized to insure and supervise operators, train instructors, inspect, organize permit field service and reports and operate the following breath analyzer:

**DATAMASTER**

For the duration of the state's authorization from a sample of expired air. Permitted under the provisions of sections 571.023 through 571.041, RSMo. and 508.10 through 508.119 RSMo.

DATE 01/10/2013

NUMBER 230007

EXPIRES 01/10/2015

10/23/2011 (sm)

*[Signature]*

DIRECTOR OF SENIOR SERVICES

*[Signature]*

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

10-4-65-93

**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:

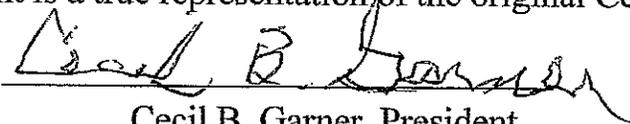
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 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.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster

Evidence Ticket

STATE OF MISSOURI  
CENTRALIA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950053  
07/22/14

TESTING OFFICER:

KRIBBS/TIM

OFFICER I.D.: 676

PERMIT NUMBER: 230007

EXPIRATION DATE: 01/10/15

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	14:08
INTERNAL STANDARD	VERIFIED	14:08
EXTERNAL STANDARD	.102	14:08
BLANK TEST	.000	14:09
EXTERNAL STANDARD	.102	14:09
BLANK TEST	.000	14:10
EXTERNAL STANDARD	.102	14:10
BLANK TEST	.000	14:11

N = 3

SIM. = .1

AVG. = .1023

OPERATOR SIGNATURE

CARD STK #

REORDER ALL SUPPLIES FROM N.P.A.S.

0900 NORTH MAIN MANASSIE VA 20108 410 506 6707 (NDAC)



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster

Evidence Ticket

STATE OF MISSOURI  
CENTRALIA POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 950053  
07/22/14  
14:04

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50C

FLAM DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
P ~ ! " # \$ % & ' ( ) \* +

OPERATOR SIGNATURE

CARD STK #

REORDER ALL SUPPLIES FROM N.P.A.S.

0900 NORTH MAIN MANASSIE VA 20108 410 506 6707 (NDAC)



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

# BAC DataMaster

Evidence Ticket

STATE OF MISSOURI  
CENTRALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950053  
07/22/14

ARREST TIME: 09:01  
SUBJECT NAME:  
JOE/JOHN  
DOB: 01/01/98 SEX: M  
STATE/D.L.: MO/A123456  
ARRESTING OFFICER:  
KRIBBS/TIM  
OFFICER I.D.: 676  
TESTING OFFICER:  
KRIBBS/TIM  
OFFICER I.D.: 676  
PERMIT NUMBER: 230007  
EXPIRATION DATE: 01/10/15  
MISCELLANEOUS DATA:  
RFI TEST

## --- BREATH ANALYSIS ---

BLANK TEST	.000	14:13
INTERNAL STANDARD	VERIFIED	14:13
RADIO INTERFERENCE		

OPERATOR SIGNATURE



CARD STK #

REORDER ALL SUPPLIES FROM M.P.A.S.

0000 NORTH MAIN, MANICFIELD, OH 43000 410 600 6707 AIRAC