



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

RECEIVED
 By Carol Day at 9:59 am, Feb 19, 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 950064	NAME OF AGENCY Sedalia Police Department	DATE OF INSPECTION 02/19/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 201 W. Second Street, Sedalia, MO 65301		TIME OF INSPECTION 8:13 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) <u>02-19-2014 08:13</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>49</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</u> LOT # <u>13002</u> EXP. DATE <u>06/19/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD 2306</u> EXP. DATE <u>10/17/2014</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 .097	TEST 2 .097	TEST 3 .098
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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)	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).

This instrument conforms to the Department of Health standards.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Victoria A. Kottman
TYPE II PERMIT NUMBER/EXPIRATION DATE 230120 06/12/2015	TELEPHONE NUMBER (660) 826-8100

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

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SEDLIN POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950064
02/19/14
08:13

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!@#%&'()*+,-./0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
PQRSTUVWXYZ{ }~*+,-./0123456789:;<=>?@

Operator Signature *Victoria A. Holtman* #170

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SEDALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950064
02/19/14

TESTING OFFICER:
KOTTMAN/V/R
OFFICER I.D.# 170
PERMIT NUMBER: 230120
EXPIRATION DATE: 06/12/15
MISCELLANEOUS DATA:

--- SUPERVISOR NAME ---

BLANK TEST	.000	08:16
INTERNAL STANDARD	VERIFIED	08:16
EXTERNAL STANDARD	.097	08:17
BLANK TEST	.000	08:17
EXTERNAL STANDARD	.097	08:18
BLANK TEST	.000	08:18
EXTERNAL STANDARD	.098	08:19
BLANK TEST	.000	08:19

N = 3
SIM. = .1
RNG. = .0973

Operator Signature

Victoria K. Polman #170

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SERIALIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950064
02/19/14

ARREST TIME: 07:30
SUBJECT NAME:
TEST/R

DOB: 12/12/55 SEX: M
STATE/D.L.: MO/3
ARRESTING OFFICER:
KOTTMAN/V/R
OFFICER I.D.: 170
TESTING OFFICER:
KOTTMAN/V/R

OFFICER I.D.: 170
PERMIT NUMBER: 230120
EXPIRATION DATE: 06/12/15
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 08:23
INTERNAL STANDARD VERIFIED 08:23
RADIO INTERFERENCE

Operator Signature *Victoria A. Kottman* #170

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

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PERMIT
TYPE II

VICTORIA A KOTTMAN

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, ALCO-SENSOR IV W/PRINTER

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 06/12/2013

NUMBER 230120

EXPIRES 06/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Darl Vesterly
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES