



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

RECEIVED 3/5/14-CD  
 REPORT #6

**REVIEWED**  
 By Carol Day at 4:14 pm, Mar 31, 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 <b>950093</b>	NAME OF AGENCY <b>Mansfield Police Department</b>	DATE OF INSPECTION <b>2-27-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>104 W. Phelas Mansfield</b>		TIME OF INSPECTION <b>1527</b>

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) <b>1527</b>
<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 <b>49</b> °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 **Repro** LOT # **13001** EXP. DATE **03-07-15**

SIMULATOR TEMP (34°C ± 0.2°C) **34** °C SIMULATOR SN **502257** EXP. DATE **12-17-13**

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 <b>.101</b>	TEST 2 <b>.103</b>	TEST 3 <b>.103</b>
--------------------	--------------------	--------------------

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	<b>1</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>0</b>	OVER .19	<b>0</b>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	----------	----------

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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>Brad Hanger</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220087 04-05-14</b>	TELEPHONE NUMBER <b>417-924-8212</b>

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: 13001

EXPIRATION DATE: March 7, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

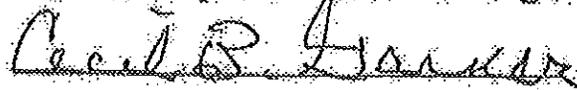
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 March 8, 2013  
The expiration date for this lot number is March 7, 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.

DEPARTMENT OF HEALTH



PERMIT  
TYPE II



BRADLEY J HANGER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/05/2012

Number 220087

Expires 04/05/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MASSACHUSETTS  
MANCHESTER POLICE DEPARTMENT

OFFICER IDENTIFICATION NUMBER: 050000  
050000

OFFICER NAME: [Faded]  
ADDRESS: [Faded]  
CITY: [Faded]  
STATE: [Faded]  
ZIP: [Faded]  
PHONE: [Faded]  
MISCELLANEOUS DATA: [Faded]

SUPERVISOR CODE: \_\_\_\_\_

INTERNAL TEST	000	15102
INTERNAL STANDARD	VERIFIED	15102
INTERNAL STANDARD	101	15102
INTERNAL TEST	000	15102
INTERNAL STANDARD	100	15102
INTERNAL TEST	000	15104
INTERNAL STANDARD	100	15105
INTERNAL TEST	000	15105

DATE: 1/1/1999  
TIME: 10:00

Operator Signature \_\_\_\_\_

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MASSACHUSETTS  
MANCHESTER POLICE DEPARTMENT

OFFICER IDENTIFICATION NUMBER: [Faded]  
[Faded]

OFFICER NAME: [Faded]  
ADDRESS: [Faded]  
CITY: [Faded]  
STATE: [Faded]  
ZIP: [Faded]  
PHONE: [Faded]  
MISCELLANEOUS DATA: [Faded]

SUPERVISOR CODE: \_\_\_\_\_

INTERNAL TEST	000	15102
INTERNAL STANDARD	VERIFIED	15102
INTERNAL STANDARD	101	15102
INTERNAL TEST	000	15102
INTERNAL STANDARD	100	15102
INTERNAL TEST	000	15104
INTERNAL STANDARD	100	15105
INTERNAL TEST	000	15105

DATE: [Faded]  
TIME: [Faded]

Operator Signature \_\_\_\_\_

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

Case No. \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
Location \_\_\_\_\_  
Operator \_\_\_\_\_  
Officer \_\_\_\_\_  
Vehicle \_\_\_\_\_  
Driver \_\_\_\_\_  
Witness \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_

Operator Signature \_\_\_\_\_