



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

received 2/24/14-cd

REPORT #6

**REVIEWED**

By Carol Day at 11:29 am, Mar 14, 2014

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 950117	NAME OF AGENCY Brookfield Police Department	DATE OF INSPECTION 02/19/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 116 W. Brooks St. Brookfield, MO 64628		TIME OF INSPECTION 11:12 am
<b>CHECKLIST:</b> 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>02/19/14 1112</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 _____ 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 <u>Repco Marketing</u>		LOT # <u>12002</u> EXP. DATE <u>08/29/2014</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C		SIMULATOR SN <u>093752</u> EXP. DATE <u>03/29/2014</u>
<input checked="" type="checkbox"/> 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 $\blackleftarrow$ .099	TEST 2 $\blackleftarrow$ .098	TEST 3 $\blackleftarrow$ .099
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)		
<b>INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)</b>		
REFUSALS 0	(0-.04) 0	(.05-.09) 1
	(.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 meets Department of Health standards.		
<b>INSPECTING OFFICER</b>		
SIGNATURE <i>Jonathan Bagley</i>	PRINT FULL NAME Jonathan Bagley	
TYPE / PERMIT NUMBER / EXPIRATION DATE 240005 01/14/2016	TELEPHONE NUMBER (660) 258-3385	
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	

*REPCO MARKETING INC.*

3101-188 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5480

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER:** RepCo Marketing, Inc.

**LOT NUMBER:** 12002

**EXPIRATION DATE:** August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

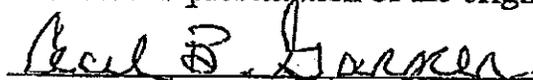
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 August 30, 2012  
The expiration date for this lot number is August 29, 2014 at  
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

PRINT THIS SIDE DOWN - THIS PAGE IS FIRST

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 950117  
02/19/14

ARREST TIME: 00:00  
SUBJECT NAME: RFI/TEST  
DOB: 09/19/78 SEX: M  
STATE/D.L.: MO/123456789  
ARRESTING OFFICER:  
BRAGLEY/JON/6  
OFFICER I.D.: 250  
TESTING OFFICER:  
BRAGLEY/JON/6  
OFFICER I.D.: 250  
PERMIT NUMBER: 240005  
EXPIRATION DATE: 01/14/16  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---  
BLANK TEST .000 11:38  
INTERNAL STANDARD VERIFIED 11:38  
RADIO INTERFERENCE

Operator Signature Bragley Jon 250

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 950117  
02/19/14

TESTING OFFICER:  
BRAGLEY/JON/6  
OFFICER I.D.: 250  
PERMIT NUMBER: 240005  
EXPIRATION DATE: 01/14/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---  
BLANK TEST .000 11:26  
INTERNAL STANDARD VERIFIED 11:27  
EXTERNAL STANDARD .099 11:27  
BLANK TEST .000 11:28  
EXTERNAL STANDARD .098 11:28  
BLANK TEST .000 11:29  
EXTERNAL STANDARD .099 11:30  
BLANK TEST .000 11:30

N = 3  
SIM. = .1  
AVG. = .0395

Operator Signature Bragley Jon 250

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
BAC DATA MASTER SERIAL NUMBER 950117  
02/19/14  
11:12

--- 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  
qrsstuvwxyz{|}~

Operator Signature Bragley Jon 250



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

JONATHAN G BAGLEY

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 1/14/2014

NUMBER 240005

EXPIRES 1/14/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MQ 580-9771 (G-10)

LAB-4 (06-10)

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 BAGLEY, JONATHAN  
Permit No 240005  
Date issued 1/14/2014 Date Expires 1/14/2016