



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

received 1/15/14-cd

REVIEWED
 By Carol Day at 2:20 pm, Feb 04, 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 990044	NAME OF AGENCY Cape Girardeau P.D.	DATE OF INSPECTION 01/08/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg Cape Girardeau (Traffic office)		TIME OF INSPECTION 12:43 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) 01/08/2014 1243
<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>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.0</u> °C SIMULATOR SN <u>SD2221</u> EXP. DATE <u>07/10/2014</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 .103	TEST 2 .104	TEST 3 .104
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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)	0	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Kevin L. Eudy DSN 106
TYPE II PERMIT NUMBER/EXPIRATION DATE 220132 06/12/2014	TELEPHONE NUMBER (573) 335-6621

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

REP-CO MARKETING INC

REP-CO MARKETING INC
REP-CO MARKETING INC
REP-CO MARKETING INC

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 w/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

Cecil B. Garner, President
RepCo Marketing Inc.

STATE OF MISSOURI
DEPARTMENT OF HEALTH



PERMIT
TYPE II



KEVIN L EUDY

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 1985.

Date 06/12/2012

Number 220132

Expires 06/12/2014

Director of State Public Health Laboratory

Director, Department of Health

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SEMO LAW ENFORCEMENT ACADEMY

BAC DATAMASTER SERIAL NUMBER 990044
01/08/14

TESTING OFFICER:
EDDY/KEVIN/L
OFFICER I.D.: 100
PERMIT NUMBER: 220132
EXPIRATION DATE: 06/12/14
MISCELLANEOUS DATA:

--- SUPERVISOR: NONE ---

BLANK TEST	.000	12:45
INTERNAL STANDARD	VERIFIED	12:46
EXTERNAL STANDARD	.103	12:46
BLANK TEST	.000	12:47
EXTERNAL STANDARD	.104	12:47
BLANK TEST	.000	12:48
EXTERNAL STANDARD	.104	12:48
BLANK TEST	.000	12:49

N = 2
S.M. = .099
AVG. = .1036

Operator Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SEMO LAW ENFORCEMENT ACADEMY

BAC DATAMASTER SERIAL NUMBER 990044
01/08/14

ARREST TIME: 12:10
SUBJECT NAME:
RPI/TEST
DOB: 03-12-56 SEX: M
STATE D.L.: MO-188940
ARRESTING OFFICER:
N/A

OFFICER I.D.: 1
TESTING OFFICER:
EDDY/KEVIN/L
OFFICER I.D.: 100
PERMIT NUMBER: 220132
EXPIRATION DATE: 06/12/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:52
INTERNAL STANDARD	VERIFIED	12:52
RADIO INTERFERENCE		

Operator Signature



2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SOPD LAW ENFORCEMENT AGENCY

BAC DATAMASTER SERIAL NUMBER: 990044
81-98-1A
12148

DIAGNOSTIC CHECK

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	45L
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

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Operator Signature _____

[Handwritten Signature] 106