



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

received 2/11/14-cd

REVIEWED REPORT #6
 By Carol Day at 11:31 am, Mar 14, 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 02/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg Cape Girardeau, MO 63701 (Traffic office)		TIME OF INSPECTION 9:51 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>02/05/14 0951</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>48 °C</u>	<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>Repeco. 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 <u>.101</u>	TEST 2 <u>.102</u>	TEST 3 <u>.103</u>
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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



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 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

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DATAMASTER SN 990044	NAME OF AGENCY	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY) Traffic Office		TIME OF INSPECTION

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 type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) _____
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input type="checkbox"/> HEATERS SAMPLE CHAMBER _____ °C	<input type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER
<input type="checkbox"/> INDICATOR LIGHTS	
<input type="checkbox"/> SIMULATOR SOLUTION SUPPLIER _____	LOT # _____ EXP. DATE _____
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ °C	SIMULATOR SN _____ EXP. DATE _____

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

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TEST 1	TEST 2	TEST 3
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
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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
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER

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 MANUFACTURING INC

~~THE OFFICE OF
REPUBLIC HEALTH
DEPARTMENT~~

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Manufacturing, Inc

LOT NUMBER: 13001

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

RepCo Manufacturing Inc certifies the following

RepCo Manufacturing Inc manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulated Respiration samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain 1215 gms/dl \pm 0.03 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 \pm 3% gms/210L Breath when heated to 34 Degrees Celsius \pm 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. Gardner
Cecil B. Gardner, President
RepCo Manufacturing, Inc.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH



PERMIT
TYPE II



KEVIN L BUDY

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, RSMS 1936.

Date 06/12/2012

Number 220132

Expires 06/12/2014

MS-5977 (F-09)

Director of State Public Health Laboratory

Director, Department of Health

LS 6 2012

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SOUND LAW ENFORCEMENT AGENCY

BAC DATAMASTER SERIAL NUMBER 290644
02/05/11

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

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:53
INTERNAL STANDARD	VERIFIED	09:53
EXTERNAL STANDARD	.101	09:54
BLANK TEST	.000	09:54
EXTERNAL STANDARD	.102	09:55
BLANK TEST	.000	09:55
EXTERNAL STANDARD	.103	09:56
BLANK TEST	.000	09:56

N = 9
S.D. = .030
AVG. = .102

Operator Signature

GALE H06