



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

**DATAMASTER MAINTENANCE REPORT**

RECEIVED 3/5/14-CD  
REPORT #6

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.

**REVIEWED**  
By Carol Day at 4:16 pm, Mar 31, 2014

DATAMASTER SN 990044	NAME OF AGENCY Cape Girardeau Police Department	DATE OF INSPECTION 02/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg Cape Girardeau (Traffic office)		TIME OF INSPECTION 11:26 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) 02/28/2014 11:26
<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 RepCo Marketing	LOT # 13001 EXP. DATE 03/17/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C	SIMULATOR SN SD2221 EXP. DATE 07/10/2014
<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 .101	TEST 2 .103	TEST 3 .103
-------------	-------------	-------------

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
------------	-----------	-------------	-------------	-------------	------------

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 Eudy DSN 106
TYPE II PERMIT NUMBER/EXPIRATION DATE 220131 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



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

REPORT #6

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 <i>990044</i>	NAME OF AGENCY	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY) <i>Traffic Office</i>		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) <i>34.0</i> °C SIMULATOR SN _____ EXP. DATE _____	

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 <input type="checkbox"/>	TEST 2 <input type="checkbox"/>	TEST 3 <input type="checkbox"/>
---------------------------------	---------------------------------	---------------------------------

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	OVER .19
----------	---------	-----------	-----------	-----------	----------

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 <i>[Signature]</i>	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

STATE OF MICHIGAN  
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, RSMA 1936.

Date 05/12/2012

Number 220132

Expires 05/12/2014

MD 33-471 (7-09)

Director of State Public Health Laboratory

Director, Department of Health

LS 6 (5-09)

REP CO MANUFACTURING INC

RECEIVED BY  
DATE  
TIME

CERTIFICATE OF ANALYSES

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 simulation. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain 1215 gms/dl +/- 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 +/- 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.

Carol R. Gomez  
Carol R. Gomez, President  
RepCo Manufacturing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SEMO LAW ENFORCEMENT ACADEMY

BAC DATAMASTER SERIAL NUMBER 9908044  
02/28/14

TESTING OFFICER:  
EDDY/KEVIN/L  
OFFICER I.D.# 186  
PERMIT NUMBER: 220102  
EXPIRATION DATE: 06/12/14  
MISCELLANEOUS DATA:

SUPERVISOR MODE

BLANK TEST	.000	11:30
INTERNAL STANDARD	VERIFIED	11:30
EXTERNAL STANDARD	.101	11:30
BLANK TEST	.000	11:31
EXTERNAL STANDARD	.103	11:31
BLANK TEST	.000	11:32
EXTERNAL STANDARD	.100	11:32
BLANK TEST	.000	11:33

N = 3  
SIM. = .090  
AVG. = .1003

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 9908044  
02/28/14

ARREST TIME: 11:15  
SUBJECT NAME:  
PF1/TEST  
DOB: 12/23/45      SEX: F  
STATE/D.L.# MO/290407  
ARRESTING OFFICER:

IV8

OFFICER I.D.# 1  
TESTING OFFICER:  
EDDY/KEVIN/L  
OFFICER I.D.# 186  
PERMIT NUMBER: 220102  
EXPIRATION DATE: 06/12/14  
MISCELLANEOUS DATA:

BREATH ANALYSIS

BLANK TEST	.000	11:37
INTERNAL STANDARD	VERIFIED	11:37
RADIO INTERFERENCE		

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SENIO LAW ENFORCEMENT ACADEMY

BAC INSTRUMENT SERIAL NUMBER 090044  
02/28/14  
11:25

## DIAGNOSTIC CHECK

COMPUTER:	OKAY
PROGRAM (01-87-2000):	OKAY
HEATERS	
SAMPLE CHAMBER:	OK
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTORS:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

## PRINTER TEST

!"#\$%&'()\*+,-.:/:;<=>?@AB[CD]EF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg|hijklmnop  
qrs|tuvwxyz{|}~>\*

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

*GPK* 4/10/14