



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

received 1/14/14 REPORT #

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.

**REVIEWED**  
 By Carol Day at 9:05 am, Feb 06, 2014

DATAMASTER SN <b>990047</b>	NAME OF AGENCY <b>SPMPD</b>	DATE OF INSPECTION <b>1-3-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>4213 Gibson St Louis 63110</b>		TIME OF INSPECTION <b>1141</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>01/03/14 1141</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

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Repro Marketing Inc</b> LOT # <b>13002</b> EXP. DATE <b>10-19-15</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C SIMULATOR SN <b>SD2229</b> EXP. DATE <b>7-10-14</b>

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 • <b>.102</b>	TEST 2 • <b>.101</b>	TEST 3 • <b>.102</b>
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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 <b>5</b> (0-.04)	<b>0</b> (.05-.09)	<b>0</b> (.10-.14)	<b>1</b> (.15-.19)	<b>2</b> OVER .19	<b>3</b>
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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 <b>[Signature]</b>	PRINT FULL NAME <b>SCOTT CHRISTIAN</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230260 11-26-15</b>	TELEPHONE NUMBER <b>314-444-5345</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: 13002  
EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 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 .1217 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.

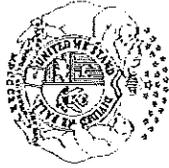
This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013  
The expiration date for this lot number is June 19, 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.



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



**PERMIT**  
 TYPE II

**SCOTT CHRISTIAN**

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, INTOX EC/IR II**

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 11/26/2013

NUMBER 230260

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 11/26/2015

,acting director

MO 580-07/1 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS CITY POLICE

DAC DATAMASTER SERIAL NUMBER 998847  
01/20/14

TESTING OFFICER:  
CHRISTIAN/SCOTT  
OFFICER I.D.: 5745  
PERMIT NUMBER: 230260  
EXPIRATION DATE: 11/26/15  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:42
INTERNAL STANDARD	VERIFIED	11:43
EXTERNAL STANDARD	.102	11:44
BLANK TEST	.000	11:44
EXTERNAL STANDARD	.101	11:45
BLANK TEST	.000	11:45
EXTERNAL STANDARD	.102	11:46
BLANK TEST	.000	11:46

H = 3  
STM. = .1  
AVG. = .1016

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

2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ST. LOUIS CITY POLICE

DAC DATAMASTER SERIAL NUMBER 998847  
01/20/14  
11:41

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	40c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

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

2208-02

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
ST. LOUIS CITY POLICE

BAC DATAMASTER SERIAL NUMBER 990647  
01/03/14

ARREST TIME: 01:00

SUBJECT NAME:

KTN

DOB: 01/01/11 SEX: M

STATE/D.L. NO: 1234567

ARRESTING OFFICER:

JIM

OFFICER I.D.: 8987

TESTING OFFICER:

CHRISTIAN/SCOTT

OFFICER I.D.: 5745

PERMIT NUMBER: 230200

EXPIRATION DATE: 11/26/15

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	11:51
INTERNAL STANDARD	VERIFIED	11:51
RADIO INTERFERENCE		

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