



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

**RECEIVED**  
 By Carol Day at 1:28 pm, Apr 08, 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 <b>990218</b>	NAME OF AGENCY <b>Fayette Police Dept.</b>	DATE OF INSPECTION <b>04/01/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>100 N. Mulberry, Fayette Mo 65248</b>		TIME OF INSPECTION <b>2:19 pm</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>04/01/2014 14:19</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 °C</b>	<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>Repeco Marketing Inc.</b> LOT # <b>13001</b> EXP. DATE <b>03/07/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP ( <b>34</b> °C ± 0.2°C) SIMULATOR SN <b>SD1115</b> EXP. DATE <b>01/14/2015</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)

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 <b>.101</b>	TEST 2 <b>.101</b>	TEST 3 <b>.101</b>
--------------------	--------------------	--------------------

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)	1	(.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).

Instrument operating with in Dept. of Health regulations.

**INSPECTING OFFICER**

SIGNATURE <i>Greg T. Lanham</i>	PRINT FULL NAME <b>Greg T. Lanham</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230010 01/21/2015</b>	TELEPHONE NUMBER <b>(660) 248-2241</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**



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



**PERMIT**  
**TYPE II**

**GREG T LANNHAM**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATA MASTER**

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 01/21/2013  
 NUMBER 230010  
 EXPIRES 01/21/2015

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
 Acting Director

**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 Degree 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, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
FAYETTE POLICE DEPARTMENT

090 DATAMASTER SERIAL NUMBER 990010  
01/01/14  
14:19

### DIAGNOSTIC CHECK

COMPUTER: OKAY

PROGRAM (04 02 2009): OKAY

WEIGHTS:  
SAMPLE NUMBER: 40

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

BUCKET STANDARD: OKAY

CAL TESTS: OKAY

### PRINTER TEST

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

Operator Signature Shug T. Lankford

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
FAYETTE POLICE DEPARTMENT

090 DATAMASTER SERIAL NUMBER 990010  
01/01/14

ARREST TIME: 14:00

SUBJECT NAME:

SAMPLE

DOB: 11/03/40 SEX: M

STATE ID: MO-00000000

ARRESTING OFFICER:

LANNAN DECAT

OFFICER I.D. #

TESTING OFFICER:

LANNAN DECAT

OFFICER I.D. #

PERMIT NUMBER: 230010

EXPIRATION DATE: 01/01/15

WEIGHTS: TOTAL

### BREATH ANALYSIS

WIND TEST	000	11:00
INTERNAL STANDARD	NOTIFIED	14:00
PHOTO INTERFERENT		

Operator Signature Shug T. Lankford

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
TOWLETTE POLICE DEPARTMENT

HW: DESTROYED PERIOD NUMBER 200010  
04-00-34

ISSUING OFFICER:  
LABORATORY NO:  
OFFICER ID NO:  
PERMITS NUMBER: 200010  
EXPIRATION DATE: 04-01-00  
MISCELLANEOUS DATA:

### SUBSTANCES FOUND

BLOOD TEST	1.000	14:00
INTERNAL STANDARD	VERIFIED	14:00
EXTERNAL STANDARD	1.000	14:00
BLOOD TEST	1.000	14:00
EXTERNAL STANDARD	1.000	14:00
BLOOD TEST	1.000	14:00
EXTERNAL STANDARD	1.000	14:00
BLOOD TEST	1.000	14:00

TIME: 1  
DATE: 10/10

Operator Signature Greg T. Lott