



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

RECEIVED

By Carol Day at 3:40 pm, Nov 10, 2014 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 990218	NAME OF AGENCY Fayette Police Dept.	DATE OF INSPECTION 11/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Mulberry, Fayette Mo 65248		TIME OF INSPECTION 2:36 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) <u>11/04/2014 14:36</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>50</u> °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 Inc.</u> LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (<u>34</u> °C ± 0.2°C) °C SIMULATOR SN <u>SD1115</u> EXP. DATE <u>01/14/2015</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>.097</u>	TEST 2 <u>.097</u>	TEST 3 <u>.097</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	1	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	OVER .19	1
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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).

Instrument operating with in Dept. of Health regulations.

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

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

2

**PERMIT
TYPE II**

GREG T LANHAM

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

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

W. W. S.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

W. W. S.

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 +/-0.003 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 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
DEPARTMENT OF REVENUE

LABORATORY SERIAL NUMBER: 000019
11-01-14

LABORATORY LOCATION:
LABORATORY ADDRESS:
LABORATORY CITY:
LABORATORY STATE:
LABORATORY ZIP:
LABORATORY PHONE:
LABORATORY FAX:
LABORATORY EMAIL:

SUPERVISOR NAME

ALCOHOL TEST	1000	15:00
ACETONE STANDARD	1000	15:00
ETHANOL STANDARD	1000	15:00
GLUCOSE TEST	1000	15:00
GLUCOSE STANDARD	1000	15:00
HEAVY METALS	1000	15:00
HEAVY METALS STANDARD	1000	15:00
OTHER TEST	1000	15:00
OTHER STANDARD	1000	15:00

LABORATORY USE ONLY

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
DEPARTMENT OF REVENUE

LABORATORY SERIAL NUMBER: 000019
11-01-14
15:00

LABORATORY ADDRESS

LABORATORY CITY: _____

LABORATORY STATE: _____

LABORATORY ZIP: _____

LABORATORY PHONE: _____

LABORATORY FAX: _____

LABORATORY EMAIL: _____

LABORATORY NAME: _____

LABORATORY TYPE: _____

LABORATORY USE ONLY

PRINTED NAME

LABORATORY USE ONLY

Operator Signature

Bryce T. Lortan

Operator Signature

Bryce T. Lortan

