



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

RECEIVED
 By Carol Day at 9:48 am, Dec 18, 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 12/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Mulberry, Fayette Mo 65248		TIME OF INSPECTION 2:04 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) 12/02/2014 14:04
<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 <u>Repro Marketing Inc.</u>	LOT # <u>13001</u> EXP. DATE <u>03/07/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ 34 _____ °C	SIMULATOR SN _____ SD1115 EXP. DATE <u>01/14/2015</u>
<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 .099	TEST 2 .100
TEST 3 .100	

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)	2	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).

Instrument operating with in Dept. of Health regulations.

INSPECTING OFFICER	
SIGNATURE 	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**

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:

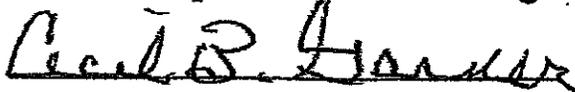
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1215 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



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



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

W. W. [Signature]

NUMBER 230010

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 01/21/2015

Shad Vorkenley
 Acting Director

MO 596-0771 (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
SARASOTA POLICE DEPARTMENT

DRUG MASTER SERIAL NUMBER 990219
12-02-14

REPORTING OFFICER:
LAWRENCE SPEED IT
OFFICER I.D.# 2
IDENT NUMBER: 200010
EXPIRATION DATE: 01/21/15
MISCELLANEOUS DATA:

SUPERVISOR MODE

BLANK TEST	.000	14:12
INTERNAL STANDARD	VERIFIED	14:12
EXTERNAL STANDARD	.000	14:12
BLANK TEST	.000	14:13
INTERNAL STANDARD	.100	14:14
BLANK TEST	.000	14:14
INTERNAL STANDARD	.100	14:15
BLANK TEST	.000	14:15

12/2/14
SAS 0000

Operator Signature Greg T. Larkham #2

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

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BLANK TEST	.000	14:13
INTERNAL STANDARD	.100	14:14
BLANK TEST	.000	14:14
INTERNAL STANDARD	.100	14:15
BLANK TEST	.000	14:15

Operator Signature Greg T. Larkham

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSISSIPPI
DEPARTMENT OF TRANSPORTATION
OFFICE OF THE STATE TROOPER
14100

OPERATOR INFORMATION

NAME	0000
ADDRESS	0000
CITY	00
STATE	0000
ZIP	0000
PHONE	0000
SEX	0000
HAIR	0000
EYES	0000
DOB	0000
HT	0000
WT	0000

VEHICLE INFORMATION

VEHICLE MAKE
VEHICLE MODEL
VEHICLE YEAR

Operator Signature Alan T. Smith