



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.

RECEIVED  
By Carol Day at 12:53 pm, Jul 24, 2015

DATAMASTER SN <b>201214</b>	NAME OF AGENCY <b>HAYTI Police Department</b>	DATE OF INSPECTION <b>7-21-15</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>HAYTI Police Dept. 300 EAST MAIN</b>		TIME OF INSPECTION <b>8:56 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>7-21-15 8:57 PM</b>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input 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>Bepeco</b> LOT # <b>14001</b> EXP. DATE <b>05-30-2016</b>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.00</b> °C SIMULATOR SN <b>SD3503</b> EXP. DATE <b>05-04-2016</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>.098</b>	TEST 2 • <b>.098</b>	TEST 3 • <b>.098</b>
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED) **OK**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>David MacLain</i>	PRINT FULL NAME <b>DAVID MACLAIN</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>250115 05/14/2017</b>	TELEPHONE NUMBER <b>573-359-1259</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

*REPCO MARKETING INC.*

KEC

12-23-14

3101-188 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5480**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**  
**LOT NUMBER: 14001**  
**EXPIRATION DATE: April 30, 2016 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

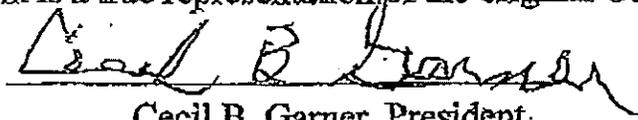
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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 May 1, 2014  
The expiration date for this lot number is April 30, 2016 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  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
07/21/15  
20:57

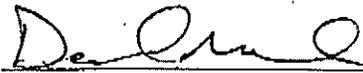
--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;=<=>?@ABCDEFG  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefghijklmnopq  
rstuvwxyz{|}~

Operator Signature



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
07/21/15

TESTING OFFICER:  
MACLIN/DAVID  
OFFICER I.D.: 506  
PERMIT NUMBER: 250115  
EXPIRATION DATE: 05/14/17  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:01
INTERNAL STANDARD	VERIFIED	21:01
EXTERNAL STANDARD	.098	21:01
BLANK TEST	.000	21:02
EXTERNAL STANDARD	.098	21:02
BLANK TEST	.000	21:03
EXTERNAL STANDARD	.098	21:03
BLANK TEST	.000	21:04

N = 3  
SIM. = .1  
AVG. = .098

Operator Signature



2208-02

Face This Side Down -- This Edge In First

**BAC DataMaster  
Evidence Ticket**

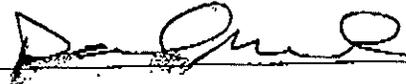
STATE OF MISSOURI  
HAYTI POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201214  
07/21/15

ARREST TIME: 20:10  
SUBJECT NAME:  
TEST  
DOB: 11/11/11 SEX: M  
STATE/D.L.: MO/1111111  
ARRESTING OFFICER:  
MACLIN/DAVID  
OFFICER I.D.: 506  
TESTING OFFICER:  
MACLIN/DAVID  
OFFICER I.D.: 506  
PERMIT NUMBER: 250115  
EXPIRATION DATE: 05/14/17  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:07
INTERNAL STANDARD	VERIFIED	21:07
RADIO INTERFERENCE		

Operator Signature 



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



**PERMIT  
TYPE II**

**DAVID MACLIN**

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 DMT**

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 5/14/2015

NUMBER 250115

EXPIRES 5/14/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator **MACLIN, DAVID**  
Permit No **250115**  
Date Issued **5/14/2015** Date Expires **5/14/2017**