



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

**RECEIVED**  
 By Carol Day at 1:15 pm, May 12, 2015

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 201230	NAME OF AGENCY Jackson Police Department	DATE OF INSPECTION 05/04/2015
-------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 525 S. Hope St., Jackson MO 63755	TIME OF INSPECTION 1:25 am
---	-------------------------------

**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.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 05/04/15 01:25

COMPUTER  DETECTOR

PROGRAM  FILTERS

HEATERS SAMPLE CHAMBER 48 °C  QUARTZ STANDARD

FLOW DETECTOR  CALIBRATION

PUMP HIGH SPEED  PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc. LOT # 14001 EXP. DATE 04/30/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD2272 EXP. DATE 03/12/2016

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  0.100	TEST 2  0.100	TEST 3  0.101
---------------	---------------	---------------

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)	6	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

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 	PRINT FULL NAME Sgt. Jonathan Jensen
TYPE II PERMIT NUMBER/EXPIRATION DATE 230119 06/12/2015	TELEPHONE NUMBER (573) 243-3151

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**

**JONATHAN JENSEN**

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 06/12/2013  
 NUMBER 230119  
 EXPIRES 06/12/2015

*W. V. Vesterberg*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul Vesterberg*  
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (F6-10)

**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:

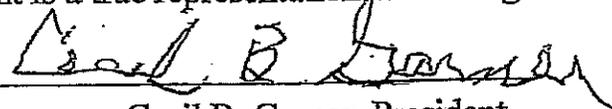
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 673-761-8400 FAX: 673-761-8010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2866 VOICE 1-800-735-2466  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: Jackson Police Department  
 Serial Number: SD2272  
 Manufacturer: Guth  
 Model Number: 10-4D

**CALIBRATION RESULTS**

<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
33.98	34.0

This calibration was performed with  
 NIST-Traceable Thermometer SN: 304454

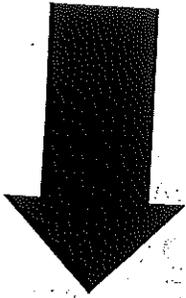
This calibration was performed by: Brian M. Lutmer

This calibration was performed: 03/12/2015

**COPY OF CALIBRATION STICKER**

This simulator has been calibrated according to DHSS specifications

SIMULATOR SERIAL NO.:	<u>SD2272</u>
EXPIRATION DATE:	<u>03/12/2016</u>
DATE OF CALIBRATION:	<u>03/12/2015</u>
NIST REF. THEM SERIAL NO.:	<u>304454</u>
AVERAGE SBL TEMP:	<u>33.98 C</u>
ANALYST INITIALS:	<u>BML</u>



Insert

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CAPE GIRARDEAU POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201230  
05/04/15

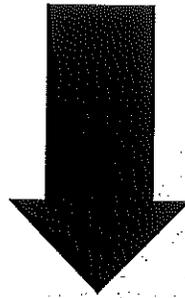
TESTING OFFICER:  
JENSEN, J/M  
OFFICER I.D.: 105  
PERMID NUMBER: 230119  
EXPIRATION DATE: 06/12/15  
CASSELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:38
INTERNAL STANDARD	VERIFIED	01:38
INTERNAL STANDARD	.100	01:38
BLANK TEST	.000	01:39
INTERNAL STANDARD	.100	01:40
BLANK TEST	.000	01:40
INTERNAL STANDARD	.100	01:41
BLANK TEST	.000	01:42

W.B. = .1  
F.S. = .1003

Signature



Insert

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CAPE GIRARDEAU POLICE DEPARTMENT

BAC DATA MASTER SERIAL NUMBER 201230  
05/04/15  
01:25

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	48c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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

Operator Signature

Insert

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CAPE GIRARDEAU POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201230  
05/04/15

ARREST TIME: 01:15  
SUBJECT NAME:  
DOE/JOHN  
DOB: 01/23/45      SEX: M  
STATE/D.L.: MO/T123456789  
ARRESTING OFFICER:  
JENSEN/J/M  
OFFICER I.D.: 105  
TESTING OFFICER:  
JENSEN/J/M  
OFFICER I.D.: 105  
PERMIT NUMBER: 230119  
EXPIRATION DATE: 06/12/15  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	01:45
INTERNAL STANDARD	VERIFIED	01:45
RADIO INTERFERENCE		

Operator Signature

*[Handwritten Signature]* 105