



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

RECEIVED REPORT #6
 By Carol Day at 12:38 pm, Mar 06, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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 02/27/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Mulberry, Fayette Mo 65248		TIME OF INSPECTION 2:40 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) 02/27/2015 14:40
<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

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 SD1115 EXP. DATE 01/15/2016

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 .101	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)	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 Greg T. Lanham
TYPE II PERM NUMBER/EXPIRATION DATE 250039 01/23/2017	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: 14001

EXPIRATION DATE: April 30, 2016 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

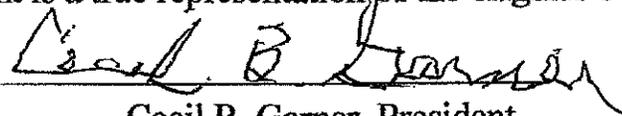
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 01/15/2015 Expires: 01/15/2016
Digital Therm. SN: 358440
MSC Tech: DDD Temp: 34.00
Agency: Fayetteur Police Dept.
SD1115



Technician Printed Name: DONALD D. DeBOARD

Technician Signature: Donald D. DeBoard

Date: 1-15-2015

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



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 1/23/2015

NUMBER 250039

EXPIRES 1/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 LANHAM, GREG
 Permit No 250039
 Date Issued 1/23/2015 Date Expires 1/23/2017

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN
DEPARTMENT OF LABOR RELATIONS

EMPLOYEE IDENTIFICATION NUMBER: 0000000000

EMPLOYEE NAME: [REDACTED]
EMPLOYEE NUMBER: [REDACTED]
EMPLOYEE TITLE: [REDACTED]
EMPLOYEE ADDRESS: [REDACTED]
EMPLOYEE CITY: [REDACTED]
EMPLOYEE STATE: [REDACTED]
EMPLOYEE ZIP: [REDACTED]
EMPLOYEE PHONE: [REDACTED]
EMPLOYEE FAX: [REDACTED]
EMPLOYEE EMAIL: [REDACTED]

EMPLOYEE STATUS: [REDACTED]

EMPLOYEE TYPE: [REDACTED]
EMPLOYEE CLASSIFICATION: [REDACTED]
EMPLOYEE GRADE: [REDACTED]

DATE: [REDACTED]
TIME: [REDACTED]

Operator Signature

[Handwritten Signature]

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN

DEPARTMENT OF TREASURY

ALCOHOLIC BEVERAGE BOARD

ALCOHOLIC BEVERAGE BOARD
MICHIGAN DEPARTMENT OF TREASURY
LANSING, MICHIGAN 48224

CONTRACT NO. 0000

QUANTITY	UNIT	PRICE
1000	DOZ	100.00

Signature _____

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MICHIGAN

DEPARTMENT OF TREASURY

ALCOHOLIC BEVERAGE BOARD

ALCOHOLIC BEVERAGE BOARD
MICHIGAN DEPARTMENT OF TREASURY
LANSING, MICHIGAN 48224

CONTRACT NO. 0000

QUANTITY	UNIT	PRICE
1000	DOZ	100.00

Signature _____

Operator Signature _____