



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

**RECEIVED**  
By Carol Day at 12:33 pm, Mar 04, 2016

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<br><u>201203</u>   | NAME OF AGENCY<br><u>Chaffee Police Dept.</u> | DATE OF INSPECTION<br><u>2-23-2016</u>   |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><u>222 W. Yorkum Ave Chaffee</u> |   | TIME OF INSPECTION<br><u>11:33 hours</u> |

**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>2-23-16 at 11:33 hours</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>49</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                 |

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER RepCo Marketing LOT # 14001 EXP. DATE 4-30-2016

SIMULATOR TEMP (34°C ± 0.2°C) + 34.0 °C SIMULATOR SN 502228 EXP. DATE 3-12-2016

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 <u>.099</u> | TEST 2 <u>.099</u> | TEST 3 <u>.099</u> |
|--------------------|--------------------|--------------------|

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

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).

None

**INSPECTING OFFICER**

|                               |   |
|-------------------------------|---|
| SIGNATURE<br><u>W. Sammut</u> | PRINT FULL NAME<br><u>William J. Sammut</u> |
|-------------------------------|---|

|  |   |
|--|---|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><u>250014 1-14-2017</u> | TELEPHONE NUMBER<br><u>(573) 887-6911</u> |
|--|---|

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

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CHAFFEE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203  
02/23/16  
11:33

--- 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:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

Operator Signature

*W. Samml* SE/46  
DPS 521

Face This Side Down - This Edge In First

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
CHAFFEE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203  
02/23/16

TESTING OFFICER:  
SAMMUT/WILLIAM/J  
OFFICER I.D.: SEMO 521  
PERMIT NUMBER: 250014  
EXPIRATION DATE: 01/14/17  
MISCELLANEOUS DATA:  
CHAFFEE PD FEB 2016  
MAINT REPORT

--- SUPERVISOR MODE ---

|                   |          |       |
|-------------------|----------|-------|
| BLANK TEST        | .000     | 11:43 |
| INTERNAL STANDARD | VERIFIED | 11:43 |
| EXTERNAL STANDARD | .099     | 11:43 |
| BLANK TEST        | .000     | 11:44 |
| EXTERNAL STANDARD | .099     | 11:44 |
| BLANK TEST        | .000     | 11:45 |
| EXTERNAL STANDARD | .099     | 11:45 |
| BLANK TEST        | .000     | 11:46 |

N = 3  
SIM. = .1  
AVG. = .099

Operator Signature

*W. Sammut* SEMO  
DPS 521

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
CHAFFEE-POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201203  
02/23/16

ARREST TIME: 11:00

SUBJECT NAME:

TEST/TEST/T

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/TEST123456

ARRESTING OFFICER:

SAMMUT/WILLIAM/J

OFFICER I.D.: SEMO 521

TESTING OFFICER:

SAMMUT/WILLIAM/J

OFFICER I.D.: SEMO 521

PERMIT NUMBER: 250014

EXPIRATION DATE: 01/14/17

MISCELLANEOUS DATA:

CHAFFEE PD FEB 2016 MAINT REPORT

RFI TEST RFI TEST RFI TEST

--- BREATH ANALYSIS ---

|                    |          |       |
|--------------------|----------|-------|
| BLANK TEST         | .000     | 11:51 |
| INTERNAL STANDARD  | VERIFIED | 11:51 |
| RADIO INTERFERENCE |          |       |

Operator Signature

*W. Sammut* SEMO  
DPS 521

**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:

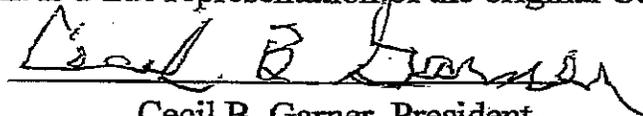
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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.



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

2

**PERMIT  
TYPE II**

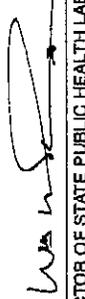
**WILLIAM J SAMMUT**

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 1/14/2015  
NUMBER 250014  
EXPIRES 1/14/2017

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES, acting director