MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 12:23 pm, Mar 09, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN: 201288

DATE OF INSPECTION: 03-04-10

LOCATION OF INSTRUMENT (STREET AND CITY): 204 W. Grand Campbell, MO 63933

TIME OF INSPECTION: 1236

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- [✓] DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
- [✓] COMPUTER
- [✓] DETECTOR
- [✓] PROGRAM
- [✓] FILTERS
- [✓] HEATERS SAMPLE CHAMBER 49 °C
- [✓] QUARTZ STANDARD
- [✓] FLOW DETECTOR
- [✓] CALIBRATION
- [✓] PUMP HIGH SPEED
- [✓] PRINTER
- [✓] INDICATOR LIGHTS
- [✓] TIME AND DATE
- [✓] SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34°C
- [✓] CALIBRATION CHECK -
  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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)
  - [✓] 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - [ ] ~~0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE~~
  (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
.097%	.097%	.097%

- [✓] PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
- [✓] NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)
2	1	0	0	0	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 is within D.O.H. specifications.
Sim. Solution Rep Co Lot # 09002 exp. date 8-31-2011
Vapor Alcohol Value = 100% +/- 3%

INSPECTING OFFICER

SIGNATURE: Weldon Wallace

PRINT NAME: Weldon Wallace

TYPE II PERMIT NUMBER/EXPIRATION DATE: 826093 03/10/10

TELEPHONE NUMBER: 573-246-2511

REPCO MARKETING INC.

5101-118 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-875-5180

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 09002
EXPIRATION DATE: August 31, 2011 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 09002 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 .1206 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 September 1, 2009. The expiration date for this lot number is August 31, 2011 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President
RepCo Marking, Inc.

Form RM 02

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

WELDON WALLACE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date: 03/10/08

Number: 820093

Expires: 03/10/2010

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-08)

Lab. 4 (07-03)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CAMPBELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201288
03/04/10

TESTING OFFICER:
WALLACE/WELDON/
OFFICER I.D.: 1
PERMIT NUMBER: 820093
EXPIRATION DATE: 03/10/10
MISCELLANEOUS DATA:
MAINTENANCE CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	12:46
INTERNAL STANDARD	VERIFIED	12:46
EXTERNAL STANDARD	.097	12:46
BLANK TEST	.000	12:47
EXTERNAL STANDARD	.097	12:47
BLANK TEST	.000	12:48
EXTERNAL STANDARD	.097	12:49
BLANK TEST	.000	12:49

N = 3
STD. = .1
AVG. = .097

OPERATOR SIGNATURE

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CAMPBELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201288
03/04/10
12:36

--- 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
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmno
pqrstuvwxyz{|}~

OPERATOR SIGNATURE

CARD STK #
60036

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FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
CAMPBELL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 261246
03/04/10

ARREST TIME: 12:00
SUBJECT NAME:
DOE/JOHN/M
DOB: 10/10/70 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
WALLACE/WELDON/L
OFFICER I.D.: 1
TESTING OFFICER:
WALLACE/WELDON/L
OFFICER I.D.: 1
PERMIT NUMBER: M20092
EXPIRATION DATE: 03/10/10
MISCELLANEOUS DATA:
MAINTENANCE CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:54
INTERNAL STANDARD	VERIFIED	12:04
RADIO INTERFERENCE		

OPERATOR SIGNATURE

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)