MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 8:15 am, Mar 04, 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: 201300	DATE OF INSPECTION: 02/26/2010
LOCATION OF INSTRUMENT (STREET AND CITY): 200 N. Bourbeuse St. James, Mo. 65559	TIME OF INSPECTION: 0910hrs

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 48 °C
  - ☑ QUARTZ STANDARD
  - ☑ FLOW DETECTOR
  - ☑ CALIBRATION
  - ☑ PUMP HIGH SPEED
  - ☑ PRINTER
- ☑ INDICATOR LIGHTS
- ☑ TIME AND DATE
- ☑ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0 Degrees 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
.099	.100	.100

- ☑ 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)
0	0	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 operating within DOH specifications

REPKO MKTG .100% solution Exp. August 31, 2011 Lot #09002

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME: Timothy C. McDonald #1102
TYPE II PERMIT NUMBER/EXPIRATION DATE: 820160 05/12/2010	TELEPHONE NUMBER: (573) 265-7012

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

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

TIMOTHY MCDONALD

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 05/12/08

Number 820160

Expires 05/12/2010

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201009
02/26/10
09:16

- - DIAGNOSTIC CHECK - - -

COMPUTER:	OKAY
PROGRAM (04-07-2000):	OKAY
HEATERS:	
SAMPLE CHAMBER:	48C
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
REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NP

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201009
02/26/10

TESTING OFFICER:
MCDONALD/TORODAN/C
OFFICER I.D.: 1102
PERMIT NUMBER: 620160
EXPIRATION DATE: 05/12/10
MISCELLANEOUS DATA:

- - - SUPERVISOR MODE - - -

BLANK TEST	.000	09:17
INTERNAL STANDARD	VERIFIED	09:17
EXTERNAL STANDARD	.099	09:17
BLANK TEST	.000	09:18
EXTERNAL STANDARD	.100	09:18
BLANK TEST	.000	09:19
EXTERNAL STANDARD	.100	09:19
BLANK TEST	.000	09:20

N = 2
SIM. = .1
AVG. = .0995

OPERATOR SIGNATURE

CARD STK #
60036
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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
SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

ARREST TIME: [illegible]
SUBJECT NAME:
MCLOVIN
DOB: [illegible]   SEX: M
STATE/D.L.#: [illegible]
ARRESTING OFFICER:
MCDONALD/TIMOTHY/C
OFFICER I.D.#: [illegible]
TESTING OFFICER:
MCDONALD/TIMOTHY/C
OFFICER I.D.#: [illegible]
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	[illegible]
INTERNAL STANDARD	VERIFIED	[illegible]
RADIO INTERFERENCE		

OPERATOR SIGNATURE [signature]

CARD STK #
60036

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