MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program By Carol Day at 12:00 pm, 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	DATE OF INSPECTION
204105	03-02-10
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
SULLIVAN COUNTY SHERIFF'S OFFICE	1331

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.

- [x] DIAGNOSTIC CHECK (PRINTOUT ATTACHED)
  - [x] COMPUTER
  - [x] DETECTOR
  - [x] PROGRAM
  - [x] FILTERS
  - [x] HEATERS SAMPLE CHAMBER 49 °C
  - [x] QUARTZ STANDARD
  - [x] FLOW DETECTOR
  - [x] CALIBRATION
  - [x] PUMP HIGH SPEED
  - [x] PRINTER
- [x] INDICATOR LIGHTS
- [x] TIME AND DATE 1331 03-02-10
- [x] SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0°C
- [x] 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)

  - [x] 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
.104	.103	.103

- [x] PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
- [x] 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)
Ø	1	Ø	1	1	Ø

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)

REPCO REPCO SIMULATOR MODEL 3402C - SERIAL # 1143
LOT # 09002
EXP. 08-31-11
.100% VAPOR
INSTRUMENT IS OPERATING WITHIN DHSS SPECIFICATIONS

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▶ Cpl. B.D. Ream	CPL. B.D. REAM
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
200038 02-05-12	(660) 385-2132

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

BRADLEY D REAM

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 02/05/2010

Number **200038**

Expires 02/05/2012

Interim Director

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

Operator Signature

Printed on recycled paper with agri-based inks

CMSU

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Evidence Ticket

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CMSU 2208-02

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BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL

BAC DATAMASTER SERIAL NUMBER [illegible]
[illegible]

TEST TYPE: [illegible]
[illegible]
OPERATOR I.D.: [illegible]
PERMIT NUMBER: [illegible]
EXPIRATION DATE: [illegible]
MISCELLANEOUS DATA:

--- SUBJECT MODE ---

BLANK TEST	[illegible]	[illegible]
INTERNAL STANDARD	[illegible]	[illegible]
EXTERNAL STANDARD	[illegible]	[illegible]
BLANK TEST	[illegible]	[illegible]
EXTERNAL STANDARD	[illegible]	[illegible]
BLANK TEST	[illegible]	[illegible]

[illegible]
[illegible]
[illegible]

Operator Signature [illegible]

Printed on recycled paper with agri-based inks

CMSU 2208-02