

By Carol Day at 11:26 am, Dec 09, 2014

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

ALCO SENSOR IV SN 094802	PRINTER SN 097.3584.333	DATE OF INSPECTION 12/09/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 300 N.New Ballas Rd. Creve Coeur, MO	TIME OF INSPECTION 10:27 am
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**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.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER RepCo LOT # 13001 EXP. DATE 03/07/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN 358440 SIMULATOR EXP DATE 07/15/2015

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. Check 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 → .099

TEST 2 → .100

TEST 3 → .100

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	8	(0-.04)	0	(.05-.09)	2	(.10-.14)	5	(.15-.19)	5	(OVER .19)	4
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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).

**INSPECTING OFFICER**

SIGNATURE  
P.O. Michael T. Deutman 4885

PRINT NAME  
PO Michael T. Deutman

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230339 12/31/2015

TELEPHONE NUMBER  
(314) 432-8000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

### CERTIFICATE OF ANALYSIS

**MANUFACTURER AND SUPPLIER:** RepCo Marketing, Inc.  
**LOT NUMBER:** 13001  
**EXPIRATION DATE:** March 7, 2015 at 11:59 p.m.

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RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13001 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 1215 gms/dl +/- .003 gms/dl w/vol ethanol (95% Confidence).

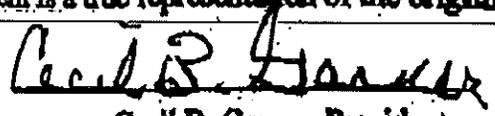
The alcohol and distilled water used in the solution were found to be free of any interfering substance.

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 March 8, 2013  
The expiration date for this lot number is March 7, 2015 at  
11:59 p.m.

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

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Cecil B. Garner, President  
RepCo Marketing, Inc.

AS 10 Serial no: 094882  
Version no: 5028

TRST RECORD 00552

Temp Date Time 210L  
s/  
Air Blower:  
12/09/14 18:27 .000  
Callibration Check:  
22 12/09/14 18:27 .055

Subject Name

Operator Name: J.D.  
DESMAN 885  
Location  
CCPD BOOKING

AS 10 Serial no: 094882  
Version no: 5028

TRST RECORD 00553

Temp Date Time 210L  
s/  
Air Blower:  
12/09/14 18:29 .000  
Callibration Check:  
22 12/09/14 18:29 .100

Subject Name

Operator Name: J.D.  
DESMAN 885  
Location  
CCPD BOOKING

AS 10 Serial no: 094882  
Version no: 5028

TRST RECORD 00554

Temp Date Time 210L  
s/  
Air Blower:  
12/09/14 18:31 .000  
Callibration Check:  
26 12/09/14 18:31 .150

Subject Name

Operator Name: J.D.  
DESMAN 885  
Location  
CCPD BOOKING

AS 10 Serial no: 094882  
Version no: 5028

TRST RECORD 00555

Temp Date Time 210L  
s/  
Air Blower:  
12 12/09/14 18:32

Subject Name

Operator Name: J.D.  
DESMAN 885  
Location  
CCPD BOOKING



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

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**PERMIT  
 TYPE II**

**MICHAEL DEUTMAN**

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

**ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 5000**

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 308.111 through 308.119 RSMo.

DATE 12/31/2013

NUMBER 230339

EXPIRES 12/31/2015

MO 560-0771 (6-10)

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (R6-10)

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 DEUTMAN, MICHAEL  
 Permit No 230339  
 Date Issued 12/31/2013 Date Expires 12/31/2015