



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED 1/24/14-CD
REPORT #7

REVIEWED
By Carol Day at 1:50 pm, Apr 01, 2014

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

ALCO SENSOR IV SN 094804	PRINTER SN 097.3584.334	DATE OF INSPECTION 01/17/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 W. Second Street, Sedalia, MO 65301	TIME OF INSPECTION 10:13 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 # 13002 EXP. DATE 06/19/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2306 SIMULATOR EXP DATE 10/17/2014

- 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 .100	TEST 2 .100	TEST 3 .100
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- 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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(OVER .19)	0
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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).

This instrument was calibrated. This instrument conforms to the Department of Health standards.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Victoria A. Kottman
TYPE II PERMIT NUMBER/EXPIRATION DATE 230120 06-12-2015	TELEPHONE NUMBER (660) 826-8100

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: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 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 .1217 gms/dl +/-0.003 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 June 20, 2013
The expiration date for this lot number is June 19, 2015 at
11:59 p.m.

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



Cecil B. Garner, President
RepCo Marketing, Inc.

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00142

Temp Date Time ^{a/} 210L

Air Blank:
01/17/14 10:13 .000
Calibration:
23 01/17/14 10:13 .100

Subject Name

Subject I.D.

Victoria Kottman

Operator Name, I.D.

230120 6-12-15

Location

201 W. Second

Sedalia MO

65301

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00144

Temp Date Time ^{a/} 210L

Air Blank:
01/17/14 10:20 .000
Calibration Check:
24 01/17/14 10:20 .100

Subject Name

Subject I.D.

Victoria Kottman

Operator Name, I.D.

230120 6-12-15

Location

201 W. Second Str

Sedalia MO

65301

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00145

Temp Date Time ^{a/} 210L

Air Blank:
01/17/14 10:22 .000
Calibration Check:
24 01/17/14 10:22 .100

Subject Name

Subject I.D.

Victoria Kottman

Operator Name, I.D.

230120 6-12-15

Location

201 W. Second

Sedalia MO

65301

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00146

Temp Date Time ^{a/} 210L

Air Blank:
01/17/14 10:24 .000
Calibration Check:
25 01/17/14 10:24 .100

Subject Name

Subject I.D.

Victoria Kottman

Operator Name, I.D.

230120 6-12-15

Location

201 W. Second

Sedalia MO

65301

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00149

Temp Date Time ^{a/} 210L

VOID: RPI
12 01/17/14 10:30

Subject Name

Test A

Subject I.D.

Victoria Kottman

Operator Name, I.D.

230120 6-12-15

Location

201 W. Second

Sedalia MO



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



**PERMIT
 TYPE II**

VICTORIA A KOTTMAN

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, ALCO-SENSOR IV W/PRINTER

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 06/12/2013 _____
 NUMBER 230120 _____
 EXPIRES 06/12/2015 _____

MO 580-0771 (6-10)


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
 Acting Director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)