



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED** REPORT #7  
By Carol Day at 8:47 am, Aug 10, 2015

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 107979	PRINTER SN 099.3586.793	DATE OF INSPECTION 08/04/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington Street, Warsaw, Missouri 65355		TIME OF INSPECTION 11:33 am

**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 Marketing, Inc. LOT # 14001 EXP. DATE 04/30/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.9 SIMULATOR SN MP2203 SIMULATOR EXP DATE 07/21/2016

- 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 • .099	TEST 3 • .098
---------------	---------------	---------------

- 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)	0	(OVER .19)	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).

Initial Calibration Conducted

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Sgt. Neil K. Johnson #1112</i>	PRINT NAME Sgt. Neil K. Johnson #1112
TYPE II PERMIT NUMBER/EXPIRATION DATE 250173 / 07-28-2017	TELEPHONE NUMBER (816) 622-0800

**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

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00074

Temp Date Time 210L

Air Blank:  
08/04/15 11:33 .000  
Subject Test: Auto  
29 08/04/15 11:33 .000

Subject Name

BLANK

Subject I.D.

N/A

Operator Name, I.D.

SGT. N. K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00076

Temp Date Time 210L

Air Blank:  
08/04/15 11:58 .000  
Calibration Check:  
25 08/04/15 11:58 .100

Subject Name

MAINTENANCE

Subject I.D.

N/A

Operator Name, I.D.

SGT. N. K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00077

Temp Date Time 210L

Air Blank:  
08/04/15 12:00 .000  
Calibration Check:  
26 08/04/15 12:00 .099

Subject Name

MAINTENANCE

Subject I.D.

N/A

Operator Name, I.D.

SGT. N. K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00078

Temp Date Time 210L

Air Blank:  
08/04/15 12:02 .000  
Calibration Check:  
26 08/04/15 12:02 .098

Subject Name

MAINTENANCE

Subject I.D.

N/A

Operator Name, I.D.

SGT. N. K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00079

Temp Date Time 210L

VOID: RFI  
12 08/04/15 12:04

Subject Name

MAINTENANCE

Subject I.D.

N/A

Operator Name, I.D.

SGT. N. K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: Missouri State Highway Patrol  
 Serial Number: MP2203  
 Manufacturer: Guth  
 Model Number: 12V500

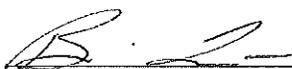
**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.00	33.98

This calibration was performed with  
 NIST-Traceable Thermometer SN: 093752

This simulator was tested by: DRL

This testing was performed: 07/21/2015

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Brian M. Lutmer



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



**PERMIT  
TYPE II**

**NEIL K JOHNSON**

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, INTOX DMT, 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 7/28/2015

NUMBER 250173

EXPIRES 7/28/2017

MO 580.071 (6-10)

*W. K. Johnson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul Vandenby*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

**REP CO MARKETING INC.**

3101 188 STONEYBROOK DRIVE  
HALESKA, N.C. 27604  
919-576-5480

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**  
**LOT NUMBER: 14001**  
**EXPIRATION DATE: April 30, 2016 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 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 .1216 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 May 1, 2014  
The expiration date for this lot number is April 30, 2016 at 11:59 p.m.

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

*Cecil B. Garner*

Cecil B. Garner, President  
RepCo Marketing, Inc.