



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 10:18 am, Sep 04, 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 09/03/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 2920 N. Shamrock, Jefferson City	TIME OF INSPECTION 10:26 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 MARKETING LOT # 14001 EXP. DATE 04/30/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2316 SIMULATOR EXP DATE 07/20/2016

- 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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .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)	0	(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).

Ni-Cad Battery and fuse replaced in attached printer Serial 099.3586.793

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jimmy L. Cleveland
TYPE II PERMIT NUMBER/EXPIRATION DATE 250155/07-22-2017	TELEPHONE NUMBER (573) 526-6193

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



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



**PERMIT
 TYPE II**

JIMMY L CLEVELAND

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, INTOX DMT

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 **7/22/2015**

NUMBER **250155**

EXPIRES **7/22/2017**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1501-90-001 (10-10)

1501-90-001 (10-10)

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 CLEVELAND, JIMMY
 Permit No 250155
 Date Issued 7/22/2015 Date Expires 7/22/2017

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00114

Temp Date Time ^{s/} 210L

Air Blank:
09/03/15 10:26 .000
Calibration Check:
22 09/03/15 10:26 .100

Subject Name

Subject I.D.

Operator Name: I.D.

Location

2920 N. SHAMROCK
Jefferson City

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00115

Temp Date Time ^{s/} 210L

Air Blank:
09/03/15 10:30 .000
Calibration Check:
23 09/03/15 10:30 .099

Subject Name

Subject I.D.

Operator Name: I.D.

Location

2920 N. SHAMROCK
Jefferson City

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00117

Temp Date Time ^{s/} 210L

Air Blank:
09/03/15 10:39 .000
Calibration Check:
23 09/03/15 10:39 .100

Subject Name

Subject I.D.

Operator Name: I.D.

Location

2920 N SHAMROCK
Jefferson City

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00118

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/03/15 10:40

Subject Name

Subject I.D.

Operator Name: I.D.

Location

2920 N SHAMROCK
Jefferson City

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:

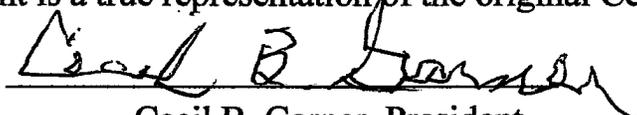
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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, President
RepCo Marketing, Inc.



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:	<u>Missouri State Highway Patrol</u>
Serial Number:	<u>MP2316</u>
Manufacturer:	<u>Guth</u>
Model Number:	<u>12V500</u>

CALIBRATION RESULTS

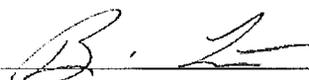
<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
34.00	33.99

This calibration was performed with
NIST-Traceable Thermometer SN: 307715

This simulator was tested by: JLC

This testing was performed: 07/20/15

This certification expires: 07/20/16

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Brian M. Lutmer