MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 8:56 am, Sep 09, 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	PRINTER SN	DATE OF INSPECTION
107979	099.3586.793	09/07/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
174 Washington Street, Warsaw, Missouri 65355	9:20 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 ☛	TEST 2 ☛	TEST 3 ☛
.100	.099	.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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
SGT. Neil K. Johnson #1112	Sgt. Neil K. Johnson #1112
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
250173 / 07-28-2017	(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 00119

Temp	Date	Time	9/ 210L

Air Blank:
09/07/15 09:21 .000
Subject Test: Auto
26 09/07/15 09:21 .000

Subject Name
BLANK
Subject I.D.

Operator Name, I.D.
NEIL K. JOHNSON #1112
Location
174 WASHINGTON ST.
WARSAW, MO.

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00120

Temp	Date	Time	9/ 210L

Air Blank:
09/07/15 09:26 .000
Calibration Check:
26 09/07/15 09:26 .100

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
NEIL K. JOHNSON #1112
Location
174 WASHINGTON ST.
WARSAW, MO.

AS IV Serial no: 107979
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00121

Temp	Date	Time	9/ 210L

Air Blank:
09/07/15 09:29 .000
Calibration Check:
26 09/07/15 09:29 .099

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
NEIL K. JOHNSON #1112
Location
174 WASHINGTON ST.
WARSAW, MO.

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00122

Temp	Date	Time	9/ 210L

Air Blank:
09/07/15 09:32 .000
Calibration Check:
26 09/07/15 09:32 .098

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
NEIL K. JOHNSON #1112
Location
174 WASHINGTON ST.
WARSAW, MO.

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00123

Temp	Date	Time	9/ 210L

VOID: RFI
12 09/07/15 09:34

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
NEIL K. JOHNSON #1112
Location
174 WASHINGTON ST.
WARSAW, MO.

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

2

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580 0773 (6-10)

LAB-4 (R6-10)

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: 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 +/-.003 gms/dl wt/vol ethanol (95% Confidence).

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

Form RM 02

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

Reference Temperature	Simulator Temperature
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