



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

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

**RECEIVED**  
By Carol Day at 8:53 am, Apr 11, 2016

REPORT #7

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 Nixa - 095961	PRINTER SN Nixa - 099.3586.643	DATE OF INSPECTION 04/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W. Center Circle, Nixa		TIME OF INSPECTION 2:30 pm

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo Marketing Inc</u> LOT # <u>15001</u> EXP. DATE <u>05/20/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34 C</u> SIMULATOR SN <u>SD2731</u> SIMULATOR EXP DATE <u>08/12/2016</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 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)	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).

Meets or exceeds DOHSS rules and regulations.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Darren Whisnant
TYPE II PERMIT NUMBER/EXPIRATION DATE 250195 08/18/2017	TELEPHONE NUMBER (417) 725-2510

**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

# Nixa Police Department

## Calibration Check slip's

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 01067

Temp	Date	Time	s/
			210L

Air Blank:  
04/10/16 14:35 .000  
Calibration Check:  
24 04/10/16 14:35 .100

Subject Name

Subject I.D.

D. WHISNANT

Operator Name, I.D.

N.P.D.

Location

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 01066

Temp	Date	Time	s/
			210L

Air Blank:  
04/10/16 14:33 .000  
Calibration Check:  
23 04/10/16 14:33 .100

Subject Name

Subject I.D.

D. WHISNANT

Operator Name, I.D.

N.P.D.

Location

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 01065

Temp	Date	Time	s/
			210L

Air Blank:  
04/10/16 14:31 .000  
Calibration:  
23 04/10/16 14:31 .100

Subject Name

Subject I.D.

D. WHISNANT

Operator Name, I.D.

N.P.D.

Location

# Nixa Police Department

## RFI Evidence slip

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AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 01069

Temp Date Time 210L<sup>s/</sup>

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VOID: RFI  
12 04/10/16 14:41

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Subject Name

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Subject I.D.

D. WHISNANT  
Operator Name, I.D.

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N.P.D.  
Location

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**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 15001**

**EXPIRATION DATE: May 20, 2017 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

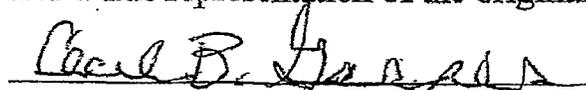
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 15001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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 21, 2015  
The expiration date for this lot number is May 20, 2017 at  
11:59 p.m.

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



Cecil B. Garner, President

RepCo Marketing, Inc.



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

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**PERMIT  
 TYPE II**

**DARREN WHISNANT**

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**

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 8/18/2015

NUMBER 250195

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 WHISNANT, DARREN  
 Permit No 250195  
 Date Issued 8/18/2015 Date Expires 8/18/2017