

RECEIVED

By Carol Day at 1:20 pm, Mar 23, 2016

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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 097440	PRINTER SN 096.3580.989	DATE OF INSPECTION 03-18-2016
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LOCATION OF INSTRUMENT (STREET AND CITY) MO 1.3 @ CST. BROADMOOR - SPRINGFIELD P.D. BAT VAN, SPRINGFIELD, MO	TIME OF INSPECTION 03:30
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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) 21°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) 34.00 SIMULATOR SN MP2146 SIMULATOR EXP DATE 06/09/2016 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 ← .099

TEST 2 ← .099

TEST 3 ← .101

 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) 04 | (.10-.14) 02 | (.15-.19) 01 | (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).

INSPECTING OFFICERSIGNATURE *Joshua L White*PRINT NAME
JOSHUA L. WHITETYPE II PERMIT NUMBER/EXPIRATION DATE
260082 02/22/2018TELEPHONE NUMBER
(417) 895-6868**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: 097440
Version no: 532B

TEST RECORD 00105

Temp	Date	Time	s/ 210L
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Air Blank:
03/18/16 03:34 .000
Subject Test: Man
22 03/18/16 03:34 .101

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202
Location

MO 13 @ CST. BROADMOOR

SPRINGFIELD MO

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00103

Temp	Date	Time	s/ 210L
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Air Blank:
03/18/16 03:30 .000
Calibration Check:
21 03/18/16 03:30 .099

Subject Name

Subject I.D.

Operator Name, I.D.

J.L. WHITE 1202
Location

MO 13 @ CST. BROADMOOR

SPRINGFIELD MO

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00106

Temp	Date	Time	s/ 210L
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VOID: RFI
12 03/18/16 03:35

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202
Location

MO 13 @ BROADMOOR

SPRINGFIELD MO

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00104

Temp	Date	Time	s/ 210L
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Air Blank:
03/18/16 03:32 .000
Calibration Check:
22 03/18/16 03:32 .099

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE
Location

MO 13 @ CST. BROADMOOR

SPRINGFIELD 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: MP2146
 Manufacturer: Guth
 Model Number: 12V500

CALIBRATION RESULTS

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

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

This calibration was performed by: Jim Cleveland

This calibration was performed: 06/09/15

COPY OF CALIBRATION STICKER

Serial Num	<u>MP2146</u>	By	<u>JLC</u>
Ref Temp	<u>34.00</u> °C	Sim Temp	<u>34.00</u> °C
Certification Expires	<u>6/9/16</u>		
Ref Therm Ser#	<u>307715</u>	Date	<u>6/9/15</u>

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.



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

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PERMIT
TYPE II
JOSHUA L WHITE

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 2/22/2016

NUMBER 260082

EXPIRES 2/22/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 WHITE, JOSHUA
 Permit No 260082
 Date Issued 2/22/2016 Date Expires 2/22/2018