



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 4:27 pm, May 17, 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 107979	PRINTER SN 099.3586.793	DATE OF INSPECTION 05/16/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington St., Warsaw	TIME OF INSPECTION 7:56 pm
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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, Inc. LOT # 15001 EXP. DATE 05/20/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.9 SIMULATOR SN MP2203 SIMULATOR EXP DATE 04/05/2017

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 ← .101

TEST 2 ← .101

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)	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).

Replaced battery
Calibrated using Bottle #0343

INSPECTING OFFICER

SIGNATURE
SGT. Neil K. Johnson

PRINT NAME
Neil K. Johnson #1112

TYPE II PERMIT NUMBER/EXPIRATION DATE
250173 / 7/28/2017

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 00324

Temp Date Time ^{s/} 210L

Air Blank:
05/16/16 19:56 .000
Calibration:
23 05/16/16 19:56 .100

Subject Name

MAINT.

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112
Location

174 WASHINGTON ST.

WARSAW

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00325

Temp Date Time ^{s/} 210L

Air Blank:
05/16/16 19:58 .000
Calibration Check:
24 05/16/16 19:58 .101

Subject Name

MAINT.

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112
Location

174 WASHINGTON ST.

WARSAW

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00326

Temp Date Time ^{s/} 210L

Air Blank:
05/16/16 19:59 .000
Calibration Check:
24 05/16/16 19:59 .101

Subject Name

MAINT.

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112
Location

174 WASHINGTON ST.

WARSAW

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00327

Temp Date Time ^{s/} 210L

Air Blank:
05/16/16 20:01 .000
Calibration Check:
25 05/16/16 20:01 .101

Subject Name

MAINT.

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112
Location

174 WASHINGTON ST.

WARSAW

AS IV Serial no: 107979
Version no: 532B

TEST RECORD 00328

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/16/16 20:01

Subject Name

MAINT.

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112
Location

174 WASHINGTON ST.

WARSAW



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



Peter Lyskowski
 Director

Jeremiah W. (Jay) Nixon
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2203 **Manufacturer:** Guth
Model Number: 12V500
Agency: MSHP (GHQ)
Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

NIST THERMOMETER INFORMATION

Serial Number: 306168 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 8/13/2015 **Date of Expiration:** 8/13/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.00	0.03

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/5/2016
Certification Expiration: 4/5/2017
Simulator testing technician: J CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE

Certification No: MP2203_452016

X

DHSS BAP Scientist Approving

RepCo Marketing Inc.

PRINTED ON RECYCLED PAPER
50% POST CONSUMER WASTE
100% SOY INK

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 +/-0.03 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 Degree Celsius +/-0.2 Degree 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
Cecil B. Garner, President
RepCo Marketing, Inc.



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

PERMIT
TYPE II

NEIL K JOHNSON



It hereby authorized to refund and supervise operators, train instructors, inspect, calibrate, perform field services and review, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

For the return within of the above listed number of hours from a sample of expired air. Permit issued under the provisions of sections 57.020 through 57.041, RSMo and 305.111 through 305.119 RSMo.

DATE 7/28/2015

NUMBER 258173

EXPIRES 7/28/2017

Neil K Johnson
NEIL K JOHNSON
SUPERVISOR OF BREATH ALCOHOL PROGRAM

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES