



**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 107979	PRINTER SN 099.3586.793	DATE OF INSPECTION 08/25/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 174 Washington St., Warsaw	TIME OF INSPECTION 9:54 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**

<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>33.9</u> SIMULATOR SN <u>MP2203</u> SIMULATOR EXP DATE <u>04/05/2017</u>	

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 • .100	TEST 2 • .098	TEST 3 • .098
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Neil K. Johnson #1112</i>	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: 167979  
Version no: 532B

TEST RECORD 00429

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

Air Blank:  
08/25/16 09:54 .000  
Subject Test: Auto  
22 08/25/16 09:54 .000

Subject Name

BLANK TEST

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 167979  
Version no: 532B

TEST RECORD 00430

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

Air Blank:  
08/25/16 09:59 .000  
Calibration Check:  
23 08/25/16 09:59 .100

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 167979  
Version no: 532B

TEST RECORD 00431

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

Air Blank:  
08/25/16 10:01 .000  
Calibration Check:  
23 08/25/16 10:01 .098

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 167979  
Version no: 532B

TEST RECORD 00432

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

Air Blank:  
08/25/16 10:03 .000  
Calibration Check:  
24 08/25/16 10:03 .098

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 167979  
Version no: 532B

TEST RECORD 00433

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

VOID: RFI  
12 08/25/16 10:04

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

**REP CO MARKETING INC.**

3101-188 STONYBROOK DRIVE  
RALEIGH, N.C. 27604  
919-876-5460

**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:

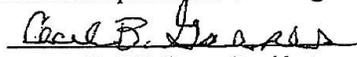
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 15001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/-0.03 gms/dl wt/vol ethanol (95% Confidence).

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 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

**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**

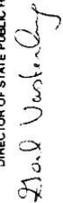
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/28/2015

NUMBER 250173

EXPIRES 7/28/2017

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES