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By Carol Day at 12:18 pm, Jul 15, 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 108269 | PRINTER SN 099.3586.809 | DATE OF INSPECTION 06/29/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Zone 21 Office - Port of Kimberling Motel - Kimberling City | | TIME OF INSPECTION 5:12 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.

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 Repc Marketing LOT # 15001 EXP. DATE 05/20/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN MP2307 SIMULATOR EXP DATE 07/20/2016

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 .102

TEST 2 .100

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

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).

This instrument is operating within Dept. of health standards. .10 solution used.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Sgt. Mark D. Green

TYPE II PERMIT NUMBER/EXPIRATION DATE

250321 12/28/2017

TELEPHONE 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

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: 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



PERMIT
TYPE II
MARK D GREEN

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 12/28/2015

NUMBER 250321

EXPIRES 12/28/2017

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 GREEN, MARK
 Permit No 250321
 Date Issued 12/28/2015 Date Expires 12/28/2017

AS IV Serial no: 108269
Version no: 532B

TEST RECORD 00106

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

VOID: RFI
12 06/29/16 17:22

Subject Name

MARK D GREEN

Subject I.D.

940

Operator Name, I.D.

MARK D GREEN

Location

MONTHLY MAINT

ZONE Office

AS IV Serial no: 108269
Version no: 532B

TEST RECORD 00105

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
06/29/16 17:21 .000
Calibration Check:
24 06/29/16 17:21 .101

Subject Name

MARK D GREEN

Subject I.D.

940

Operator Name, I.D.

MARK D GREEN

Location

MONTHLY MAINT

ZONE Office

AS IV Serial no: 108269
Version no: 532B

TEST RECORD 00104

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
06/29/16 17:18 .000
Calibration Check:
24 06/29/16 17:18 .100

Subject Name

MARK D GREEN

Subject I.D.

940

Operator Name, I.D.

MARK D GREEN

Location

MONTHLY MAINT

ZONE Office

AS IV Serial no: 108269
Version no: 532B

TEST RECORD 00102

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
06/29/16 17:09 .000
Calibration Check:
22 06/29/16 17:09 .102

Subject Name

MARK D GREEN

Subject I.D.

940

Operator Name, I.D.

MARK D GREEN

Location

MONTHLY MAINT

ZONE Office