



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE

**RECEIVED**

By Carol Day at 10:20 am, Jan 08, 2016

REPORT #7

Complete this report in duplicate at the time of the regular monthly pre-employment physical. Send copy to Department of Health and Senior Services; retain original in department file.

|                             |                            |                                  |
|-----------------------------|----------------------------|----------------------------------|
| ALCO SENSOR IV SN<br>108271 | PRINTER SN<br>099.3586.813 | DATE OF INSPECTION<br>01/03/2016 |
|-----------------------------|----------------------------|----------------------------------|

|  |                    |
|--|--------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>TROOP D, ZONE 3 ZONE OFFICE, BOLIVAR | TIME OF INSPECTION |
|--|--------------------|

**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**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|--|---|

|  |                    |                             |
|--|--------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Recco Marketing Inc</u> | LOT # <u>14001</u> | EXP. DATE <u>04/30/2016</u> |
|--|--------------------|-----------------------------|

|   |                            |                                      |
|---|----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> | SIMULATOR SN <u>MP2146</u> | SIMULATOR EXP DATE <u>06/09/2016</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 $\leftarrow$ .101 | TEST 2 $\leftarrow$ .101 | TEST 3 $\leftarrow$ .102 |
|--------------------------|--------------------------|--------------------------|

- 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).

**INSPECTING OFFICER**

|                                    |                               |
|------------------------------------|-------------------------------|
| SIGNATURE<br><i>Joshua L White</i> | PRINT NAME<br>JOSHUA L. WHITE |
|------------------------------------|-------------------------------|

|  |                                    |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240080 03/07/2016 | TELEPHONE NUMBER<br>(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



**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>   |

AS IV Serial no: 108271  
Version no: 532B

TEST RECORD 00104

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
01/03/16 17:09 .000  
Calibration Check:  
21 01/03/16 17:09 .101

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202  
Location

TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR, MO

AS IV Serial no: 108271  
Version no: 532B

TEST RECORD 00105

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
01/03/16 17:11 .000  
Calibration Check:  
22 01/03/16 17:11 .101

Subject Name

Subject I.D.

Operator Name, I.D.

TPR. J.L. WHITE 1202  
Location  
TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR, MO

AS IV Serial no: 108271  
Version no: 532B

TEST RECORD 00106

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
01/03/16 17:13 .000  
Calibration Check:  
22 01/03/16 17:13 .102

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202  
Location  
TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR MO

erial no: 108271  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00107

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI  
12 01/03/16 17:14

Subject Name

Subject I.D.

Operator Name, I.D.

TPR. J.L. WHITE 1202  
Location  
TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR, MO



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):

**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 3/7/2014

NUMBER 240080

EXPIRES 3/7/2016

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 WHITE, JOSHUA  
 Permit No 240080  
 Date Issued 3/7/2014 Date Expires 3/7/2016

**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:

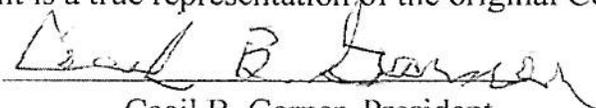
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 14001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1216 gms/dl +/-0.003 gms/dl wt/vol ethanol (95% Confidence).

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.