



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 4:13 pm, Jun 02, 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 111327 Lawson Police Dept	PRINTER SN 099.3586.578	DATE OF INSPECTION 05/28/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 104 W Third Street, Lawson MO	TIME OF INSPECTION 2:16 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 Repcos Marketing LOT # 15001 EXP. DATE 05/20/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5392 SIMULATOR EXP DATE 01/05/2017

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 .102

TEST 2 .102

TEST 3 .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)	2	(.10-.14)	0	(.15-.19)	2	(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).

Conforms with Dept. of Health and Senior Services Standards

INSPECTING OFFICER

SIGNATURE <i>Sgt. Bruce Summa 201</i>	PRINT NAME Sgt. Bruce Summa
TYPE & PERMIT NUMBER/EXPIRATION DATE 260104 02/22/2018	TELEPHONE NUMBER (816) 580-7210

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: 111327
Version no: 532B

TEST RECORD 00141

Temp Date Time ^{s/} 210L

Air Blank:
05/28/16 14:16 .000
Calibration Check:
23 05/28/16 14:16 .102

Subject Name

Monthly Maint

Subject I.D.

Sgt B. Summa

Operator Name, I.D.

260104 02/22/18

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00142

Temp Date Time ^{s/} 210L

Air Blank:
05/28/16 14:18 .000
Calibration Check:
23 05/28/16 14:18 .102

Subject Name

Monthly Maint

Subject I.D.

Sgt B. Summa

Operator Name, I.D.

260104 02/22/18

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00143

Temp Date Time ^{s/} 210L

Air Blank:
05/28/16 14:20 .000
Calibration Check:
24 05/28/16 14:20 .102

Subject Name

Monthly Maint

Subject I.D.

Sgt B. Summa

Operator Name, I.D.

260104 02/22/18

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00144

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/28/16 14:21

Subject Name

Monthly Maint

Subject I.D.

Sgt B. Summa

Operator Name, I.D.

260104 02/22/18

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00145

Temp Date Time ^{s/} 210L

Air Blank:
05/28/16 14:22 .000
Subject Test: Auto
24 05/28/16 14:22 .000

Subject Name

Monthly Maint

Subject I.D.

Sgt B. Summa

Operator Name, I.D.

260104 02/22/18

Location

Lawson PD



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



PERMIT
TYPE II
BRUCE SUMMA

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

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 260104

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 SUMMA, BRUCE
 Permit No 260104
 Date Issued 2/22/2016 Date Expires 2/22/2018

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 +/- .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.