



**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 097415	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/23/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) Zone 4 Office - 275 B Southwest Outer Road, Branson	TIME OF INSPECTION 9:26 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 LOT # 21001 EXP. DATE 06/16/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2422 SIM. NIST EXP DATE 02/22/2024

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 .099

TEST 2 .098

TEST 3 .097

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).

Changed Time.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Brandon Hall

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230011 / 01/24/2025

TELEPHONE NUMBER  
(417) 895-6868

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00829

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

Air Blank:

04/23/23 21:26 .000

Calibration Check:

22 04/23/23 21:26 .099

Subject Name

**Acc Check**

Subject I.D.

**Brandon Hall 347**

Operator Name, I.D.

**Zone 4 Office**

Location

**Branson**

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00830

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

Air Blank:

04/23/23 21:28 .000

Calibration Check:

22 04/23/23 21:28 .098

Subject Name

**Acc Check**

Subject I.D.

**Brandon Hall 347**

Operator Name, I.D.

**Zone 4 Office**

Location

**Branson**

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00831

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

Air Blank:

04/23/23 21:32 .000

Calibration Check:

23 04/23/23 21:32 .097

Subject Name

**Acc Check**

Subject I.D.

**Brandon Hall 347**

Operator Name, I.D.

**Zone 4 Office**

Location

**Branson**

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00832

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

VOID: RFI

12 04/23/23 21:34

Subject Name

**Acc Check**

Subject I.D.

**Brandon Hall 347**

Operator Name, I.D.

**Zone 4 Office**

Location

**Branson**

## CERTIFICATE OF ANALYSIS

**MANUFACTURER AND SUPPLIER: RepCo Marketing Co.**

**LOT NUMBER: 21001**

**EXPIRATION DATE: June 16, 2023 at 11:59 p.m.**

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 21001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1222 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 June 17, 2021. The expiration date for this lot number is June 16, 2023 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Alma Palmer, Operations Manager  
RepCo Marketing Co.



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



**PERMIT**  
**TYPE II**  
**BRANDON A. HALL**

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 1/24/2023

NUMBER 230011

EXPIRES 1/24/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

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** HALL, BRANDON  
**Permit No** 230011  
**Date Issued** 1/24/2023    **Date Expires** 1/24/2025

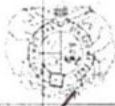


**RECEIVED**

By Tracy Crews at 9:36 am, Jan 13, 2023

**APPROVED**

By Brianna Medrano at 9:40 am, Jan 23, 2023



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

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 220155 / 06/08/2024
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PRINT FULL NAME Brandon A. Hall	TITLE Corporal	AGE 35
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A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP MSHP - Troop D	TELEPHONE (417) 895-6868
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 3131 E. Kearney St., Springfield, Missouri 65803
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EMAIL ADDRESS miranda.snider@mshp.dps.mo.gov
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**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
05/2010	MSHP Academy	40	Datamaster	<input type="checkbox"/>	Cummings
10/21/2014	MSHP Academy	54	Intox DMT	<input checked="" type="checkbox"/>	Armstead
01/05/2023	Troop F - Jefferson City	8	Alco-Sensor IV with Printer	<input checked="" type="checkbox"/>	Cleveland
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intox DMT	12 <b>OK BLM</b>	5 Self Tests <b>OK BLM</b>
2. Alco-Sensor IV with Printer	9 <b>OK BLM</b>	10 Self Tests <b>OK BLM</b>
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 01/10/2023
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
1903 Northwood Drive, Suite #4  
Poplar Bluff, MO 63901