



**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<br>097444  | NAME OF AGENCY<br>MISSOURI STATE HIGHWAY PATROL | DATE OF INSPECTION<br>06/10/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1005 SPRING PARK BLVD, MOUNT VERNON, MISSOURI, 65712 |   | TIME OF INSPECTION<br>8:35 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 REPCO MARKETING CO LOT # 21001 EXP. DATE 06/16/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.03 SIM. SN MP2423 SIM. NIST EXP DATE 12/12/2023

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  .104

TEST 2  .104

TEST 3  .103

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

PRINT NAME  
AUSTIN ROYSTER #941

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230012 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: 097444  
Version no: 532B

TEST RECORD 00547

Temp Date Time 210L

Air Blank: 06/10/23 20:37 .000  
Calibration Check: 20 06/10/23 20:37 .107

Subject Name

Acc 1

Subject I.D.

N/A

Operator Name, I.D.

Austin Royster #94

Location

Troop D Zone 6 Office

1005 Spring Park Blvd

Mt. Vernon, MO 65712

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00548

Temp Date Time 210L

Air Blank: 06/10/23 20:37 .000  
Calibration Check: 20 06/10/23 20:37 .107

Subject Name

Acc 2

N/A

Operator Name, I.D.

Austin Royster #94

Troop D Zone 6 Office

1005 Spring Park Blvd

Mt. Vernon, MO 65712

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00549

Temp Date Time 210L

Air Blank: 06/10/23 20:41 .000  
Calibration Check: -25 06/10/23 20:41 .183

Subject Name

Acc 3

Subject I.D.

N/A

Operator Name, I.D.

Austin Royster #94

Location

Troop D Zone 6 Office

1005 Spring Park Blvd

Mt. Vernon, MO 65712

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00550

Temp Date Time 210L

VOID: RFI  
12 06/10/23 20:44

Subject Name

RFI Check

Subject I.D.

N/A

Operator Name, I.D.

Austin Royster #94

Location

Troop D Zone 6 Office

1005 Spring Park Blvd

Mt. Vernon, MO 65712

## 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

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**PERMIT**  
**TYPE II**  
**AUSTIN ROYSTER**

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 230013

EXPIRES 1/24/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (116-10)

**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 ROYSTER, AUSTIN  
 Permit No 230013  
 Date Issued 1/24/2023 Date Expires 1/24/2025

