

RECEIVED

By Tracy Crews at 12:03 pm, Jan 27, 2023



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 111632	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/18/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1226 W. Bus Hwy 60/63, Willow Springs		TIME OF INSPECTION 3:08 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <u>24°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>RepCo Marketing Inc</u> LOT # <u>21001</u> EXP. DATE <u>06/16/2023</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.01</u> SIM. SN <u>MP2323</u> SIM. NIST EXP DATE <u>02/01/2023</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 <u>.099</u>	TEST 2 <u>.099</u>	TEST 3 <u>.099</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>1</u>	(.10-.14) <u>2</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

RECALIBRATED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Thomas Meyer
TYPE II PERMIT NUMBER/EXPIRATION DATE 220218 09/07/2024	TELEPHONE NUMBER (417-469)-3121

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: 111632
Version no: 532B

TEST RECORD 00134

Temp Date Time 210L
g/
Air Blank: 01/18/23 15:10 .000
Calibration: 24 01/18/23 15:10 .100

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220218
Location

Troop G HA

Willow Springs

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00135

Temp Date Time 210L
g/
Air Blank: 01/18/23 15:11 .000
Calibration Check: 24 01/18/23 15:11 .099

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220218
Location

Troop G HA

Willow Springs

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00136

Temp Date Time 210L
g/
Air Blank: 01/18/23 15:13 .000
Calibration Check: 25 01/18/23 15:13 .099

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220218
Location

Troop G HA

Willow Springs

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00137

Temp Date Time 210L
g/
Air Blank: 01/18/23 15:14 .000
Calibration Check: 25 01/18/23 15:14 .098

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220218
Location

Troop G HA

Willow Springs

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00138

Temp Date Time 210
g/
VOID: RPI
12 01/18/23 15:15

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220218
Location

Troop G HA

Willow Springs

RepCo Marketing Co
3101-188 Stony Brook Drive
Raleigh, NC 27604
919-876-5480

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
THOMAS W. MEYER

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 9/7/2022

NUMBER 220218

EXPIRES 9/7/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 MEYER, THOMAS
Permit No 220218
Date Issued 9/7/2022 **Date Expires** 9/7/2024

