



**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>111648 | NAME OF AGENCY<br>MSHP | DATE OF INSPECTION<br>05/10/2023 |
|-----------------------------|------------------------|----------------------------------|

|   |                                |
|---|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>891 TECHNOLOGY DRIVE, WELDON SPRING (MOBILE INSTRUMENT) | TIME OF INSPECTION<br>12:48 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) 34.00 SIM. SN MP2459 SIM. NIST EXP DATE 01/27/2024

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 .103

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  
A. MICHELS

TYPE II PERMIT NUMBER/EXPIRATION DATE  
PERMIT # 210321, EXPIRATION 12/16/2023

TELEPHONE NUMBER  
(636) 300-2800

**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: 111648  
Version no: 532B

TEST RECORD 00461

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

Air Blank:  
05/10/23 12:46 .000  
Calibration Check:  
22 05/10/23 12:46 .103

Subject Name

Main +

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00462

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

Air Blank:  
05/10/23 12:48 .000  
Calibration Check:  
22 05/10/23 12:48 .104

Subject Name

Main +

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00463

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

Air Blank:  
05/10/23 12:49 .000  
Calibration Check:  
23 05/10/23 12:49 .103

Subject Name

Main +

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00464

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

VOID: RFI  
12 05/10/23 12:50

Subject Name

Main +

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ



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**  
**ADAM J. MICHELS**

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 **12/16/2021**

NUMBER **210321**

EXPIRES **12/16/2023**

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** MICHELS, ADAM  
**Permit No** 210321  
**Date Issued** 12/16/2021    **Date Expires** 12/16/2023