



**RECEIVED**

By Brianna Medrano at 8:05 am, Apr 28, 2023

**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 111734	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/24/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 102-B South Holden Street, Warrensburg MO. 64093	TIME OF INSPECTION 7:37 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo</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>MP2506</u> SIM. NIST EXP DATE <u>12/02/2023</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)

- 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 ← .100	TEST 2 ← .099	TEST 3 ← .099
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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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Sam Edwards</i>	PRINT NAME Samuel Lee Edwards
TYPE II PERMIT NUMBER/EXPIRATION DATE 220220 / 09-09-2024	TELEPHONE NUMBER (816) 622-0800

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: 111734  
Version no: 532B

TEST RECORD 00145

Temp	Date	Time	s/ 210L
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Air Blank:  
04/24/23 19:46 .000  
Calibration Check:  
22 04/24/23 19:46 .100

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Sam Edwards 580  
Location 220220

102 B S. Holden

St. Warrensburg Mo  
64093

AS IV Serial no: 111734  
Version no: 532B

TEST RECORD 00146

Temp	Date	Time	s/ 210L
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Air Blank:  
04/24/23 19:47 .000  
Calibration Check:  
22 04/24/23 19:47 .099

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Sam Edwards 580  
Location 220220

102 B S. Holden St.

Warrensburg Mo. 64093

AS IV Serial no: 111734  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00147

Temp	Date	Time	s/ 210L
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Air Blank:  
04/24/23 19:49 .000  
Calibration Check:  
23 04/24/23 19:49 .099

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Sam Edwards 580  
Location 220220

102 B S. Holden St.

Warrensburg Mo. 64093

AS IV Serial no: 111734  
Version no: 532B

TEST RECORD 00148

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 04/24/23 19:53

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Sam Edwards 580  
Location 220220

102 B S. Holden St

Warrensburg Mo. 64093

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.



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Test Date:** 3-Jan-2022

**Lot #** AG200302 **Model** 108

<b>Exp Date</b> 3-Jan-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 ppm)
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 01.04.2022 14:36

Approved for Release:   
 Rod Marsala

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**





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



**PERMIT**  
**TYPE II**  
**SAMUEL EDWARDS**

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 9/9/2022

NUMBER 220220

EXPIRES 9/9/2024

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Ramsey*

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** EDWARDS, SAMUEL  
**Permit No** 220220  
**Date Issued** 9/9/2022 **Date Expires** 9/9/2024



RECEIVED

By Tracy Crews at 7:41 am, Sep 09, 2022

APPROVED

By Brianna Medrano at 9:11 am, Sep 09, 2022



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  NEW PERMIT  RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Samuel Lee Edwards TITLE: Trooper AGE: 25

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Missouri State Highway Patrol (Troop A-12) TELEPHONE: 816-622-0800

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 504 SE Blue Parkway, Lee's Summit, MO. 64063

EMAIL ADDRESS: Samuel.Edwards@mshp.dps.mo.gov

**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
8/29+9/2	MSC	36	Type II Supervisor	<input type="checkbox"/>	Lutmer
9/7	MSC	8	Type II ASI Lab	<input checked="" type="checkbox"/>	Bond
9/8	MSC	8	Type II Intox-DMT Lab	<input checked="" type="checkbox"/>	Bond
				<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
ALCO-SENSOR IV W/ PRINTER	10 MR'S OK BLM	10 SELF-TESTS OK BLM
INTOX DMT	10 MR'S OK BLM	10 SELF-TESTS OK BLM

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: Samuel Edwards DATE: 9-8-2022

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901