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By Tracy Crews at 2:37 pm, Apr 05, 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 111777	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 09:12

**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)
<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</u> LOT # <u>21001</u>	EXP. DATE <u>06/16/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIM. SN <u>MP2418</u>	SIM. NIST EXP DATE <u>12/12/2023</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>.098</u>	TEST 3 ← <u>.097</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>0</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).

**changed time +1 minute**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME D W Henley #727
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220190 8/3/2024</u>	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: 111777  
Version no: 532B

TEST RECORD 00043

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

Air Blank: 04/03/23 09:16 .000  
Calibration Check: 18 04/03/23 09:16 .099

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
D W HEALEY # 727

Location  
3131 E KENAWAY

SPRINGFIELD, MO

Dog # 727

AS IV Serial no: 111777  
Version no: 532B

TEST RECORD 00044

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

Air Blank: 04/03/23 09:17 .000  
Calibration Check: 19 04/03/23 09:17 .098

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
D W HEALEY # 727

Location  
3131 E KENAWAY

SPRINGFIELD MO

Dog # 727

AS IV Serial no: 111777  
Version no: 532B

TEST RECORD 00045

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

Air Blank: 04/03/23 09:18 .000  
Calibration Check: 19 04/03/23 09:18 .097

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
D W HEALEY # 727

Location  
3131 E KENAWAY

SPRINGFIELD, MO

Dog # 727

AS IV Serial no: 111777  
Version no: 532B

TEST RECORD 00046

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

VOID: RFI  
12 04/03/23 09:20

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
D W HEALEY # 727

Location  
3131 E KENAWAY

SPRINGFIELD, MO

Dog # 727

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:

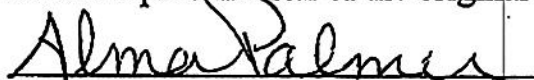
RepCo Marketing Co. prepared, tested and supplied Lot Number 21001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. 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

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**PERMIT**  
**TYPE II**  
**DAVID W. HENLEY, JR.**

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 8/3/2022

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220190

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/3/2024

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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** HENLEY, JR., DAVID  
**Permit No** 220190  
**Date Issued** 8/3/2022 **Date Expires** 8/3/2024

