



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 Nixa 095961	PRINTER SN Nixa 099.3586.643	DATE OF INSPECTION 02/04/2020
----------------------------------	---------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa	TIME OF INSPECTION 3:30 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 Inc LOT # 190001 EXP. DATE 03/12/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2731 SIMULATOR EXP DATE 09/06/2020

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 ← .100	TEST 3 ← .100
---------------	---------------	---------------

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)	2	(.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).

Meets or Exceeds Department of Health and Senior Services Rules and Regulations.

INSPECTING OFFICER

SIGNATURE  403	PRINT NAME Cpl. J. Barton
TYPE II PERMIT NUMBER/EXPIRATION DATE 290024 01/29/2021	TELEPHONE NUMBER (417) 725-2510

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

Nixa Police Department

Calibration Check slip's

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 01941

Temp Date Time 210L^{9/}

Air Blank:
02/04/20 15:33 .000
Calibration Check:
26 02/04/20 15:33 .100

Subject Name

TEST 1
Subject I.D.

Operator Name, I.D.

 403

Location

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 01942

Temp Date Time 210L^{9/}

Air Blank:
02/04/20 15:25 .000
Calibration Check:
26 02/04/20 15:25 .100

Subject Name

TEST 2
Subject I.D.

Operator Name, I.D.

 403

Location

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 01943

Temp Date Time 210L^{9/}

Air Blank:
02/04/20 15:37 .000
Calibration Check:
26 02/04/20 15:37 .100

Subject Name

TEST 3
Subject I.D.

Operator Name, I.D.

 403

Location

Nixa Police Department

RFI Evidence slip

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 01944

Temp Date Time 210L

VOID: RFI
12 02/04/20 15:40

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

[Signature]
Location 467

Nixa Police Department

Blank (Zero) test Evidence slip

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 01945

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:			
	02/04/20	15:41	.000
Subject Test: Auto			
	27 02/04/20	15:41	.000

Subject Name

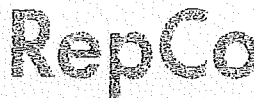
BLANK

Subject I.D.

Operator Name, I.D.

[Signature] 403

Location



RepCo Marketing Co
3101-188 Stony Brook Drive
Raleigh, NC 27604
888-828-0227

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.

LOT NUMBER: 19001

EXPIRATION DATE: March 12, 2021 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 19001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by accredited institution, Data Resources Inc., using NIST standards. Random samples were analyzed by Data Resources Inc. utilizing a gas chromatograph and found to contain .1210 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 March 13, 2019
The expiration date for this lot number is March 12, 2021 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**

JOSHUA C BARTON

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 1/29/2019

NUMBER 290024

EXPIRES 1/29/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 BARTON, JOSHUA
 Permit No 290024
 Date Issued 1/29/2019 Date Expires 1/29/2021

