



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:49 am, Sep 09, 2020

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 097423	PRINTER SN 096.3580.985	DATE OF INSPECTION 09/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Drive, Weldon Spring		TIME OF INSPECTION 10:00 am

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 # 19001 EXP. DATE 03/12/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2223 SIMULATOR EXP DATE 01/28/2021

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 ← .103	TEST 3 ← .101
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 	PRINT NAME D. Duffie
TYPE & PERMIT NUMBER/EXPIRATION DATE 200164 / 05/04/2022	TELEPHONE NUMBER (636) 300-2800

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

AS IV Serial no: 097423
Version no: 532B

TEST RECORD 00262

Temp Date Time ^{s/} 210L

Air Blank:
09/08/20 10:19 .000
Calibration Check:
24 09/08/20 10:19 .103

Subject Name

Maint #1

Subject I.D.

Operator Name, I.D.

Duffie #1325

Location

Troop C HQ

AS IV Serial no: 097423
Version no: 532B

TEST RECORD 00263

Temp Date Time ^{s/} 210L

Air Blank:
09/08/20 10:21 .000
Calibration Check:
25 09/08/20 10:21 .103

Subject Name

Maint Test #2

Subject I.D.

Operator Name, I.D.

Duffie #1325

Location

Troop C HQ

AS IV Serial no: 097423
Version no: 532B

TEST RECORD 00264

Temp Date Time ^{s/} 210L

Air Blank:
09/08/20 10:23 .000
Calibration Check:
26 09/08/20 10:23 .101

Subject Name

Maint Test #3

Subject I.D.

Operator Name, I.D.

Duffie #1325

Location

Troop C HQ

AS IV Serial no: 097423
Version no: 532B

TEST RECORD 00265

Temp Date Time ^{s/} 210L

VOID: NFI
12 09/08/20 10:24

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Duffie #1325

Location

Troop C HQ



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
DUSTIN J DUFFIE

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 **5/4/2020**

NUMBER **200164**

EXPIRES **5/4/2022**

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 DUFFIE, DUSTIN
Permit No 200164
Date Issued 5/4/2020 **Date Expires** 5/4/2022





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

RECEIVED
By Tracy Crews at 2:56 pm, May 04, 2020

APPROVED
By Stephen Wilson at 3:02 pm, May 04, 2020

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL
 CURRENT PERMIT NUMBER AND EXPIRATION DATE
 280180 - 05/07/2020

PRINT FULL NAME
Dustin John Duffie
 TITLE
Corporal
 AGE
34

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

DEPARTMENT OR TROOP
Missouri State Highway Patrol, Troop C
 TELEPHONE
(636) 300-2800

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
891 Technology Drive, Weldon Spring, MO, 63304

EMAIL ADDRESS
dustin.duffie@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 ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
1/26/2016	MSHP Academy	50	Intox DMT	<input checked="" type="checkbox"/>	Day
4/18/2018	Troop F HQ - Jefferson City	8	AS IV	<input checked="" type="checkbox"/>	Cleveland
				<input type="checkbox"/>	
				<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
1. INTOX DMT	2 MR'S OK SGW	5 SELF-TESTS OK SGW
2. AS IV	12 OK SGW	5 SELF-TESTS OK SGW
3.		

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

 DATE
04/29/2020

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