



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 097440	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/21/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Zone 21 Office - Port of Kimberling Hotel - Kimberling City, Missouri		TIME OF INSPECTION 1345

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 Marketing Co</u>	LOT # <u>19001</u> EXP. DATE <u>03/12/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIM. SN <u>MP2307</u> SIM. NIST EXP DATE <u>01/07/2021</u>
<input checked="" type="checkbox"/> 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 ← .098	TEST 2 ← .098	TEST 3 ← .098
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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 <i>R. Clement 489</i>	PRINT NAME Ryan W. Clement
TYPE II PERMIT NUMBER/EXPIRATION DATE 200217 / 08/03/2022	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: 097440
Version no: 532B

TEST RECORD 00361

Temp	Date	Time	210L
Air Blank:			
	10/21/20	13:49	.000
Calibration Check:			
23	10/21/20	13:49	.098

Air Blank:
10/21/20 13:49 .000
Calibration Check:
23 10/21/20 13:49 .098

Subject Name

Ryan W. Clement
Subject I.D.
R. Clement 489
Operator Name, I.D.

Location

Zone 21 office

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00362

Temp	Date	Time	210L
Air Blank:			
	10/21/20	13:50	.000
Calibration Check:			
24	10/21/20	13:50	.098

Air Blank:
10/21/20 13:50 .000
Calibration Check:
24 10/21/20 13:50 .098

Subject Name

Ryan W. Clement
Subject I.D.
R. Clement 489
Operator Name, I.D.

Location

Zone 21 office

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00363

Temp	Date	Time	210L
Air Blank:			
	10/21/20	13:53	.000
Calibration Check:			
25	10/21/20	13:53	.098

Air Blank:
10/21/20 13:53 .000
Calibration Check:
25 10/21/20 13:53 .098

Subject Name

Ryan W. Clement
Subject I.D.
R. Clement 489
Operator Name, I.D.

Location

Zone 21 office

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00364

Temp	Date	Time	210L
VOID: RFI			
	10/21/20	13:57	

VOID: RFI
12 10/21/20 13:57

Subject Name

Ryan W. Clement
Subject I.D.
R. Clement 489
Operator Name, I.D.

Location

Zone 21 office

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).

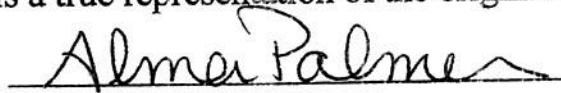
The alcohol and distilled water used in the solution were found to be free of any interfering substance.

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
RYAN W. CLEMENT

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 8/3/2020

NUMBER 200217

EXPIRES 8/3/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 CLEMENT, RYAN
Permit No 200217
Date Issued 8/3/2020 **Date Expires** 8/3/2022

