

**RECEIVED**

001/004

By Tracy Crews at 10:18 am, Jan 14, 2020

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 102458	PRINTER SN 093.3578.252	DATE OF INSPECTION 01/03/2020									
LOCATION OF INSTRUMENT (STREET AND CITY) 116 W. Brooks St. Brookfield, MO 64628		TIME OF INSPECTION 07:46 pm									
<b>CHECKLIST:</b> 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											
<b>BREATH ALCOHOL ACCURACY STANDARDS</b>											
<input checked="" type="checkbox"/> SIMULATOR SOLUTION <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE											
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo</u> LOT # <u>18001</u> EXP. DATE <u>07/31/2020</u>											
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2763</u> SIMULATOR EXP DATE <u>01/17/2020</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 → 0.099	TEST 2 → 0.099	TEST 3 → 0.100									
<input checked="" type="checkbox"/> 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
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).											
The instrument meets Department of Health standards.											
<b>INSPECTING OFFICER</b>											
SIGNATURE 						PRINT NAME Coy Hunt					
TYPE II PERMIT NUMBER EXPIRATION DATE 280198 05/24/2020						TELEPHONE NUMBER (860) 258-3385					
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2675 James Boulevard Poplar Bluff, MO 63901											

AS 10 Serial no: 182458  
Version no: 532B

TEST RECORD 00646

Temp Date Time 2101 9/

Air Blank: 01/03/20 19:46 .000  
Calibration Check: 23 01/03/20 19:46 .999

Subject Name Simulator #1  
Subject I.D.

Operator Name, I.D. 280198  
Location BPD

AS 10 Serial no: 182458  
Version no: 532B

TEST RECORD 00647

Temp Date Time 2101 9/

Air Blank: 01/03/20 19:48 .000  
Calibration Check: 23 01/03/20 19:48 .999

Subject Name Simulator #2  
Subject I.D.

Operator Name, I.D. 280198  
Location BPD

AS 10 Serial no: 182458  
Version no: 532B

TEST RECORD 00648

Temp Date Time 2101 9/

Air Blank: 01/03/20 19:51 .000  
Calibration Check: 23 01/03/20 19:51 .999

Subject Name Simulator #3  
Subject I.D.

Operator Name, I.D. 280198  
Location BPD

AS 10 Serial no: 182458  
Version no: 532B

TEST RECORD 00649

Temp Date Time 2101 9/

VOID: RFI 12 01/03/20 19:52

Subject Name RFI  
Subject I.D.

Operator Name, I.D. 280198  
Location BPD

RepCo

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: 18001****EXPIRATION DATE: July 31, 2020 at 11:59 p.m.**

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 18001 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 .1206 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 August 1, 2018  
The expiration date for this lot number is July 31, 2020 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**  
**COY HUNT**

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 5/24/2018

NUMBER 280198

EXPIRES 5/24/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 585-0771 (3-10)

LAB-4 (16-10)

 **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 HUNT, COY  
Permit No 280198  
Date issued 5/24/2018 Date Expires 5/24/2020