



**RECEIVED**  
By Tracy Crews at 11:34 am, Mar 23, 2020

**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 107982	PRINTER SN 099.3586.803	DATE OF INSPECTION 03/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Franklin St., Kirksville, MO 63501		TIME OF INSPECTION 7:12 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.

<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, Inc.</u> LOT # <u>19001</u> EXP. DATE <u>03/12/2021</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIMULATOR SN <u>MP2519</u> SIMULATOR EXP DATE <u>05/09/2020</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 ← 0.097	TEST 2 ← 0.097	TEST 3 ← 0.098
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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)	2	(.10-.14)	4	(.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 Tpr G. L. Gaines, #801
TYPE II PERMIT NUMBER/EXPIRATION DATE 200091 / 02/18/2022	TELEPHONE NUMBER (660) 385-2132

**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: 107982  
Version no: 532B

TEST RECORD 00623

Temp Date Time 210L  
s/

Air Blank:

03/02/20 07:14 .000

Calibration Check:  
12 03/02/20 07:14 .097

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

THE G.L. GARNES #200091

Location

201. S. FRANKLIN ST,

KIRKSVILLE, MO

AM B #801

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00624

Temp Date Time 210L  
s/

Air Blank:

03/02/20 07:16 .000

Calibration Check:  
13 03/02/20 07:16 .097

Subject Name

TEST # 2

Subject I.D.

Operator Name, I.D.

THE G.L. GARNES #200091

Location

201 S. FRANKLIN ST,

KIRKSVILLE, MO

AM B #801

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00625

Temp Date Time 210L  
s/

Air Blank:

03/02/20 07:18 .000

Calibration Check:  
15 03/02/20 07:18 .098

Subject Name

TEST # 3

Subject I.D.

Operator Name, I.D.

THE G.L. GARNES #200091

Location

201. S. FRANKLIN ST.,

KIRKSVILLE, MO

AM B #801

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00626

Temp Date Time 210L  
s/

VOID: RFI

12 03/02/20 07:20

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

THE G.L. GARNES #200091

Location

201. S. FRANKLIN ST,

KIRKSVILLE, MO

AM B #801



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**  
**GRAYDON L GAINES**

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 2/18/2020

NUMBER 200091

EXPIRES 2/18/2022

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 GAINES, GRAYDON  
 Permit No 200091  
 Date Issued 2/18/2020 Date Expires 2/18/2022





# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP2519      Manufacturer: Guth  
 Model Number: 12V500  
 Agency: MSHP (GHQ)  
 Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

## NIST THERMOMETER INFORMATION

Serial Number: 306168      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 1/8/2018      Date of Expiration: 1/8/2019

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.01	.04

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/31/2018  
 Certification Expiration: 5/31/2019  
 Simulator testing technician: J. CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: MP2519\_5312018

X

DHSS BAP Scientist Approving