



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 107987	PRINTER SN Nixa 099.3586.819	DATE OF INSPECTION 12/22/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W. Center Circle, Nixa		TIME OF INSPECTION 22:50

**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 # 19002 EXP. DATE 10-16-2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP 5537 SIMULATOR EXP DATE 09/16/2021

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  .100	TEST 2  .100	TEST 3  .100
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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)	1	(.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).

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

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Sgt. R Seiner
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200216 07/30/2020	TELEPHONE NUMBER (417) 725-2510
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**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: 107987  
Version no: 532D

TEST RECORD 01257

Temp: <sup>s/</sup> Date Time 210L

Air Blanket  
12/22/20 22:50 .000  
Calibration Check  
22 12/22/20 22:50 .100

Subject Name

TEST 1

Subject I.D.

Operator Name: I.D.

RSEINER 200216

Location

NIXA PD

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 01258

Temp: <sup>s/</sup> Date Time 210L

Air Blanket  
12/22/20 22:51 .000  
Calibration Check  
23 12/22/20 22:51 .100

Subject Name

TEST 2

Subject I.D.

Operator Name: I.D.

RSEINER 200216

Location

NIXA PD

AS IV Serial no: 107987  
Version no: 532D

TEST RECORD 01259

Temp: <sup>s/</sup> Date Time 210L

Air Blanket  
12/22/20 22:53 .000  
Calibration Check  
24 12/22/20 22:53 .100

Subject Name

TEST 3

Subject I.D.

Operator Name: I.D.

RSEINER 200216

Location

NIXA PD

# Nixa Police Department

## Blank (Zero) test Evidence slip

AS IU Serial no: 187987  
Version no: 582B

TEST ROOM 81255

Temp. Date Time <sup>3/</sup> 210L

Air Blank:

12/22/20 22:11 .000  
Subject Test: Auto  
19 12/22/20 22:11 .000

Subject Name

BLANK TEST

Subject I.D.

Operator Name: J. D.

RSEINER 200216

Location

NIXA PD

# Nixa Police Department

## RFI Evidence slip

MS IV Serial no: 187987  
Version no: 532B

TEST RECORD 81256

Temp: Date: Time: 210L

UNIT: RFI  
12 12/22/20 22:12

Subject Name

RFI TEST

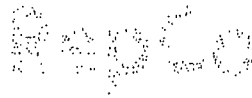
Subject I.D.

Operator Name: J.H.

PSEINER 200216

Location

NIXA PD



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: 19002**

**EXPIRATION DATE: October 16, 2021 at 11:59 p.m.**

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 19002 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1231 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 October 17, 2019 The expiration date for this lot number is October 16, 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**

**ROBERT A SEINER**

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 7/30/2020

NUMBER 200216

EXPIRES 7/30/2022

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 SEINER, ROBERT  
 Permit No 200216  
 Date Issued 7/30/2020 Date Expires 7/30/2022



STATE OF MISSOURI     )  
  )  
COUNTY OF CHRISTIAN )

**AFFIDAVIT**

Before me, the undersigned authority, personally appeared Robert Seiner, who, being by me duly sworn, deposed as follows:

My name is Robert Seiner, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records for the Nixa Police Department Alco-Sensor IV with printer, located at the Nixa Police Department. Attached hereto are 6 pages from my Alco-Sensor IV with printer records. The 6 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the Nixa Police Department for an employee or representative of the Nixa Police Department, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

\_\_\_\_\_  
Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this \_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Notary Public, County of Christian

(seal)