



**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 <b>108267</b>	NAME OF AGENCY <b>Missouri State Highway Patrol</b>	DATE OF INSPECTION <b>9-23-20</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2920 N. Shamrock, Jefferson City</b>		TIME OF INSPECTION <b>10:39am</b>

**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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <b>RepCo</b>	LOT # <b>19001</b> EXP. DATE <b>3-12-21</b>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <b>33.99</b>	SIM. SN <b>MP2316</b> SIM. NIST EXP DATE <b>1-14-21</b>

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 • <b>.100</b>	TEST 2 • <b>.099</b>	TEST 3 • <b>.101</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

**Factory Services Performed. Instrument Calibrated**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Jimmy L. Cleveland</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290121/6-13-2021</b>	TELEPHONE NUMBER <b>573-751-4722</b>

**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: 108267  
Version no: 532B

TEST RECORD 00039

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

Air Blank:  
09/23/20 10:39 .000  
Calibration:  
24 09/23/20 10:39 .100

Subject Name

Cal

Subject I.D.

Operator Name, I.D.

Jimmy L. Cleveland

Location

2920 N. Sherrinrock

Jefferson City

AS IV Serial no: 108267  
Version no: 532B

TEST RECORD 00040

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

Air Blank:  
09/23/20 10:53 .000  
Calibration Check:  
24 09/23/20 10:53 .099

Subject Name

Acc 1

Subject I.D.

Operator Name, I.D.

Jimmy L. Cleveland

Location

2920 N. Sherrinrock

Jefferson City

AS IV Serial no: 108267  
Version no: 532B

TEST RECORD 00041

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

Air Blank:  
09/23/20 11:00 .000  
Calibration Check:  
24 09/23/20 11:00 .101

Subject Name

Acc 2

Subject I.D.

Operator Name, I.D.

Jimmy L. Cleveland

Location

2920 N. Sherrinrock

Jefferson City

AS IV Serial no: 108267  
Version no: 532B

TEST RECORD 00042

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

Air Blank:  
09/23/20 11:08 .000  
Calibration Check:  
24 09/23/20 11:08 .100

Subject Name

Acc 3

Subject I.D.

Operator Name, I.D.

Jimmy L. Cleveland

Location

2920 N. Sherrinrock

Jefferson City

AS IV Serial no: 108267  
Version no: 532B

TEST RECORD 00043

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

VOID: RFI  
12 09/23/20 11:09

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Jimmy L. Cleveland

Location

2920 N. Sherrinrock

Jefferson City



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

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**PERMIT**  
**TYPE II**

**JIMMY L CLEVELAND**

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 6/13/2019

NUMBER 290121

EXPIRES 6/13/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-106-01



**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 CLEVELAND, JIMMY  
 Permit No 290121  
 Date Issued 6/13/2019 Date Expires 6/13/2021

