



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 108272	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10/23/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive NW, Columbia		TIME OF INSPECTION 9:50 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.

- 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 Co.      LOT # 19002      EXP. DATE 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00      SIM. SN MP2480      SIM. NIST EXP DATE 01/22/2021

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 ← <u>.100</u>	TEST 2 ← <u>.100</u>	TEST 3 ← <u>.099</u>
----------------------	----------------------	----------------------

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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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).

---



---



---

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>TPR. [Signature]</i> #217	PRINT NAME <b>Tpr. G. Ayres</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290252 / 10-22-2021</b>	TELEPHONE NUMBER <b>( 573 ) 751-1000</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: 108272  
Version no: 532B

TEST RECORD 00717

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

Air Blank:  
10/23/20 09:50 .000  
Calibration Check:  
28 10/23/20 09:50 .100

Subject Name

TEST # 1

Subject I.D.

1 2 3 4

Operator Name, I.D.

Ayres 290252

Location

2201 I-70 DR NW

COLUMBIA, MO

AS IV Serial no: 108272  
Version no: 532B

TEST RECORD 00718

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

Air Blank:  
10/23/20 09:53 .000  
Calibration Check:  
28 10/23/20 09:53 .100

Subject Name

TEST # 2

Subject I.D.

1 2 3 4

Operator Name, I.D.

Ayres 290252

Location

2201 I-70 DR NW

COLUMBIA, MO

AS IV Serial no: 108272  
Version no: 532B

TEST RECORD 00719

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

Air Blank:  
10/23/20 09:55 .000  
Calibration Check:  
28 10/23/20 09:55 .099

Subject Name

TEST # 3

Subject I.D.

1 2 3 4

Operator Name, I.D.

Ayres 290252

Location

2201 I-70-DR NW

COLUMBIA, MO

AS IV Serial no: 108272  
Version no: 532B

TEST RECORD 00720

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

VOID: RFI  
12 10/23/20 09:58

Subject Name

RFI

Subject I.D.

1 2 3 4

Operator Name, I.D.

Ayres 290252

Location

2201 I-70 DR NW

COLUMBIA, MO



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**  
**GRANT A AYRES**

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 10/22/2019

NUMBER 290252

EXPIRES 10/22/2021

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 AYRES, GRANT  
 Permit No 290252  
 Date Issued 10/22/2019 Date Expires 10/22/2021