



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 111331	PRINTER SN 099.3586.573	DATE OF INSPECTION 01/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 2:20 pm

**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 LOT # 19002 EXP. DATE 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.97 SIMULATOR SN MP2306 SIMULATOR EXP DATE 01/10/2020

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 ← .101

TEST 3 ← .101

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Completed calibration test

**INSPECTING OFFICER**

SIGNATURE: *DW Henley #727*

PRINT NAME  
D W Henley #727

TYPE II PERMIT NUMBER/EXPIRATION DATE  
280247 Exp 08/24/2020

TELEPHONE NUMBER  
(417) 895-6868

**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: 111331  
Version no: 532B

TEST RECORD 00581  
Temp Date Time 210L  
Air Blank: 01/05/20 14:25 .000  
Calibration: 24 01/05/20 14:25 .100

Subject Name  
Subject I.D.

Operator Name, I.D.

D W HENLEY #727

Location  
3131 E KEARNEY

SPRINGFIELD MO

DPK #727

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 00582  
Temp Date Time 210L  
Air Blank: 01/05/20 14:33 .000  
Calibration Check: 25 01/05/20 14:33 .100

Subject Name  
Subject I.D.

Operator Name, I.D.

D W HENLEY #727

Location

3131 E KEARNEY

SPRINGFIELD, MO

DPK #727

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 00583  
Temp Date Time 210L  
Air Blank: 01/05/20 14:35 .000  
Calibration Check: 25 01/05/20 14:35 .101

Subject Name  
Subject I.D.

Operator Name, I.D.

D W HENLEY #727

Location

3131 E KEARNEY

SPRINGFIELD, MO

DPK #727

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 00584  
Temp Date Time 210L  
Air Blank: 01/05/20 14:37 .000  
Calibration Check: 26 01/05/20 14:37 .101

Subject Name  
Subject I.D.

Operator Name, I.D.

D W HENLEY #727

Location

3131 E KEARNEY

SPRINGFIELD, MO

DPK #727

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 00585  
Temp Date Time 210L  
VOID: RFI  
12 01/05/20 14:38

Subject Name  
Subject I.D.

Operator Name, I.D.

D W HENLEY #727

Location

3131 E KEARNEY

SPRINGFIELD, MO

DPK #727



RepCo Marketing Co  
3101-188 Stony Brook Dr  
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.

The State of Missouri . . . .)  
County of Greene . . . . .)

## AFFIDAVIT

Before me, the undersigned authority, personally appeared Trooper David W Henley, who, being by me duly sworn, deposed as follows:

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

I am the custodian of the records of the Troop D Alco-Sensor IV with Printer for the Missouri State Highway Patrol. Attached hereto are 4 pages of records from Troop D of the Missouri State Highway Patrol. These 4 pages of records are kept by Troop D in the regular course of business, and it was in the regular course of business of Troop D for an employee or representative of Troop D with 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. These records attached hereto are the original or exact duplicates of the original.

 # 72 )  
\_\_\_\_\_  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

SEAL



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM



**PERMIT  
 TYPE II**

**DAVID W HENLEY, JR.**

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**

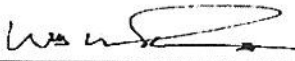
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

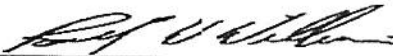
DATE 8/24/2018

NUMBER 280247

EXPIRES 8/24/2020

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 HENLEY, JR., DAVID  
 Permit No 280247  
 Date Issued 8/24/2018 Date Expires 8/24/2020

