



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	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 10-02-2020
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 21:55

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</u>	LOT # <u>19001</u> EXP. DATE <u>03/12/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.97</u>	SIM. SN <u>MP2306</u> SIM. NIST EXP DATE <u>01/07/2021</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 ← <u>.100</u>	TEST 2 ← <u>.101</u>	TEST 3 ← <u>.101</u>
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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-.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).

INSPECTING OFFICER

SIGNATURE <i>D W Henley #727</i>	PRINT NAME D W Henley #727
TYPE II PERMIT NUMBER/EXPIRATION DATE 200224 8/13/2022	TELEPHONE NUMBER (417) 895 - 6868

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: 111331
 Version no: 532B
 TEST RECORD 00704
 Temp Date Time 210L
 Air Blank: 10/02/20 22:04 .000
 Calibration: 23 10/02/20 22:04 .100
 Subject Name
 CALIBRATION
 Subject I.D.
 Operator Name, I.D.
 D W HEWLEY
 Location
 3131 E KEARNEY
 SPRINGFIELD, MO
 10/2/20 #727

AS IV Serial no: 111331
 Version no: 532B
 TEST RECORD 00705
 Temp Date Time 210L
 Air Blank: 10/02/20 22:11 .000
 Calibration Check: 4 10/02/20 22:11 .100
 Subject Name
 TEST 1
 Subject I.D.
 Operator Name, I.D.
 D W HEWLEY #727
 Location
 3131 E KEARNEY
 SPRINGFIELD, MO
 10/2/20 #727

AS IV Serial no: 111331
 Version no: 532B
 TEST RECORD 00706
 Temp Date Time 210L
 Air Blank: 10/02/20 22:13 .00
 Calibration Check: 24 10/02/20 22:13 .10
 Subject Name
 TEST 2
 Subject I.D.
 Operator Name, I.D.
 D W HEWLEY
 Location
 3131 E KEARNEY
 SPRINGFIELD, MO
 10/2/20 #727

AS IV Serial no: 111331
 Version no: 532B
 TEST RECORD 00707
 Temp Date Time 210L
 Air Blank: 10/02/20 22:14 .000
 Calibration Check: 25 10/02/20 22:14 .101
 Subject Name
 TEST 3
 Subject I.D.
 Operator Name, I.D.
 D W HEWLEY
 Location
 3131 E KEARNEY
 SPRINGFIELD, MO
 10/2/20 #727

AS IV Serial no: 111331
 Version no: 532B
 TEST RECORD 00708
 Temp Date Time 210L
 Air Blank: 10/02/20 22:15 .00
 Calibration Check: 26 10/02/20 22:15 .102
 Subject Name
 TEST 4
 Subject I.D.
 Operator Name, I.D.
 D W HEWLEY
 Location
 3131 E KEARNEY
 SPRINGFIELD, MO
 10/2/20 #727

RepCo

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:

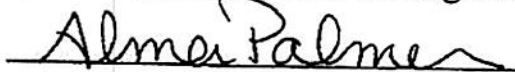
RepCo Marketing Co. prepared, tested and supplied Lot Number 19001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by accredited institution, Data Resources Inc., using NIST standards. Random samples were analyzed by Data 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**

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 8/13/2020
NUMBER 200224
EXPIRES 8/13/2022

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 200224
Date Issued 8/13/2020 Date Expires 8/13/2022

