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By Tracy Crews at 10:31 am, Feb 10, 2020



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 111652	PRINTER SN 09B.3589.462	DATE OF INSPECTION 02/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 891 TECHNOLOGY DRIVE, WELDON SPRING (TROOP C HEADQUARTERS)		TIME OF INSPECTION 12:09 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.

<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 MARKETING CO</u> LOT # <u>18001</u> EXP. DATE <u>07/31/2020</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIMULATOR SN <u>MP2459</u> SIMULATOR EXP DATE <u>01/28/2021</u>	
<input checked="" type="checkbox"/> 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 ← .100	TEST 2 ← .100	TEST 3 ← .100
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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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)	2	(.15-.19)	0	(OVER .19)	1
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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 	PRINT NAME A. MICHELS
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TYPE II PERMIT NUMBER/EXPIRATION DATE PERMIT# 200009 EXPIRES 01/03/2022	TELEPHONE NUMBER (636) 300-3800
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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

AS IV Serial no: 111652
Version no: 532B

TEST RECORD 00332

Temp Date Time ^{s/} 210L

Air Blank:
02/08/20 12:07 .000
Calibration Check:
19 02/08/20 12:07 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111652
Version no: 532B

TEST RECORD 00333

Temp Date Time ^{s/} 210L

Air Blank:
02/08/20 12:09 .000
Calibration Check:
20 02/08/20 12:09 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #~~200009~~²⁰⁰⁰⁰⁹

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111652
Version no: 532B

TEST RECORD 00334

Temp Date Time ^{s/} 210L

Air Blank:
02/08/20 12:10 .000
Calibration Check:
20 02/08/20 12:10 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111652
Version no: 532B

TEST RECORD 00335

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/08/20 12:11

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit



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: 18001
EXPIRATION DATE: July 31, 2020 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

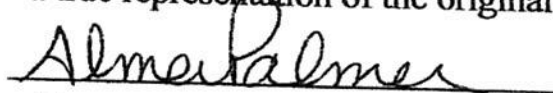
RepCo Marketing Co. prepared, tested and supplied Lot Number 18001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by accredited institution, Data Resources Inc., using NIST standards. Random samples were analyzed by Data Resources Inc. utilizing a gas chromatograph and found to contain .1206 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 August 1, 2018
The expiration date for this lot number is July 31, 2020 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
ADAM J MICHELS

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 **1/3/2020**

NUMBER **200009**

EXPIRES **1/3/2022**

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 MICHELS, ADAM
Permit No 200009
Date Issued 1/3/2020 **Date Expires** 1/3/2022



RECEIVED
By Tracy Crews at 2:45 pm, Dec 03, 2019

APPROVED
By Stephen Wilson at 9:45 am, Dec 05, 2019



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 280044 01/18/2020	
PRINT FULL NAME Adam J. Michels		TITLE Trooper 1st Class	AGE 34
[REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP MSHP Troop C		TELEPHONE (636) 300-2800	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 891 Technology Drive, Weldon Spring, Missouri 63304			
EMAIL ADDRESS adam.michels@mshp.dps.mo.gov			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
July 2010	Training Academy	32	datamaster	<input type="checkbox"/>	Cummings
Feb 2016	Troop F HQ	8	Alco-Sensor-IV	<input checked="" type="checkbox"/>	Cleveland
5/23-6/1	Training Academy	40	Alco Sensor-IV (General)	<input checked="" type="checkbox"/>	Day
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intoximeters AS-IV W/ PRINTER	64 OK SGW	4 5 SELF-TESTS OK SGW
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 11/27/2019
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901