



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 111664	PRINTER SN 09B.3589.493	DATE OF INSPECTION 11/29/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Zone 21 Office - Port of Kimberling Motel - Kimberling City		TIME OF INSPECTION 10:20 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.

<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>Repc Marketing</u> LOT # <u>19001</u> EXP. DATE <u>03/12/2021</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIMULATOR SN <u>MP2307</u> SIMULATOR EXP DATE <u>01/07/2021</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 $\rightarrow$ .099	TEST 2 $\rightarrow$ .099	TEST 3 $\rightarrow$ .100
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

This instrument is operating within Dept. of health standards. .10 solution used.

**INSPECTING OFFICER**

SIGNATURE <i>Mark D. Green</i>	PRINT NAME Sgt. Mark D. Green
TYPE II PERMIT NUMBER/EXPIRATION DATE 290244 10-16-2021	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: 111664  
Version no: 532B

TEST RECORD 00173

Temp Date Time 210L

12-11-29/20 10:28

Subject Name  
M.D. GARRU

Subject I.D.  
940

Operator Name, I.D.  
M.D. Sison 940

Location  
Zone Office

Mentally Maint

AS IV Serial no: 111664  
Version no: 532B

TEST RECORD 00172

Temp Date Time 210L

11/29/20 10:24 .000

Subject Name  
M.D. GARRU

Subject I.D.  
940

Operator Name, I.D.  
M.D. Sison 940

Location  
Zone Office

Mentally Maint

AS IV Serial no: 111664  
Version no: 532B

TEST RECORD 00171

Temp Date Time 210L

11/29/20 10:22 .000

Subject Name  
M.D. GARRU

Subject I.D.  
940

Operator Name, I.D.  
M.D. Sison 940

Location  
Zone Office

Mentally Maint

AS IV Serial no: 111664  
Version no: 532B

TEST RECORD 00170

Temp Date Time 210L

11/29/20 10:21 .000

Subject Name  
M.D. GARRU

Subject I.D.  
940

Operator Name, I.D.  
M.D. Sison 940

Location  
Zone Office

Mentally Maint

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:

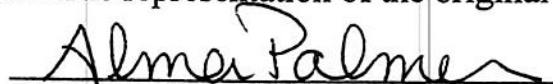
RepCo Marketing Co. prepared, tested and supplied Lot Number 19001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by accredited institution, Data Resources Inc., using NIST standards. Random samples were analyzed by Data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

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 10/16/2019

NUMBER 290244

EXPIRES 10/16/2021

MC 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (6-10)



**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 GREEN, MARK  
Permit No 290244  
Date Issued 10/16/2019 Date Expires 10/16/2021

