



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 111741	PRINTER SN 09B.3589.505	DATE OF INSPECTION 07/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 8:50 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</u> LOT # <u>19002</u> EXP. DATE <u>10/16/2021</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.97</u> SIMULATOR SN <u>MP2306</u> SIMULATOR 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 \leftarrow .100	TEST 2 \leftarrow .101	TEST 3 \leftarrow .101
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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).

Completed calibration

INSPECTING OFFICER	
SIGNATURE	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 IU Serial no: 111741
Version no: 532B

TEST RECORD 00362

Temp Date Time 210L ^{g/}

Air Blank:
07/08/20 21:15 .000
Calibration:
25 07/08/20 21:15 .100

Subject Name

Subject I.D.

Operator Name, I.D.

D W HEWLEY # 727

Location

3131 E KEARNEY

SPRINGFIELD, MO

D W # 727

AS IU Serial no: 111741
Version no: 532B

TEST RECORD 00363

Temp Date Time 210L ^{g/}

Air Blank:
07/08/20 21:20 .000
Calibration Check:
25 07/08/20 21:20 .100

Subject Name

Subject I.D.

Operator Name, I.D.

D W HEWLEY # 727

Location

3131 E KEARNEY

SPRINGFIELD, MO

D W # 727

AS IU Serial no: 111741
Version no: 532B

TEST RECORD 00364

Temp Date Time 210L ^{g/}

Air Blank:
07/08/20 21:22 .000
Calibration Check:
25 07/08/20 21:22 .101

Subject Name

Subject I.D.

Operator Name, I.D.

D W HEWLEY # 727

Location

3131 E KEARNEY

SPRINGFIELD, MO

D W # 727

AS IU Serial no: 111741
Version no: 532B

TEST RECORD 00365

Temp Date Time 210L ^{g/}

Air Blank:
07/08/20 21:23 .000
Calibration Check:
26 07/08/20 21:23 .101

Subject Name

Subject I.D.

Operator Name, I.D.

D W HEWLEY # 727

Location

3131 E KEARNEY

SPRINGFIELD, MO

D W # 727

AS IU Serial no: 111741
Version no: 532B

TEST RECORD 00366

Temp Date Time 210L ^{g/}

VOID: RFI
12 07/08/20 21:24

Subject Name

Subject I.D.

Operator Name, I.D.

D W HEWLEY # 727

Location

SPRINGFIELD, MO

D W # 727



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

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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 8/24/2018

NUMBER 280247

EXPIRES 8/24/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (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 HENLEY, JR., DAVID
Permit No 280247
Date Issued 8/24/2018 Date Expires 8/24/2020