



**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<br>111749 | NAME OF AGENCY<br>MISSOURI STATE HIGHWAY PATROL | DATE OF INSPECTION<br>12/12/2020 |
|-----------------------------|---|----------------------------------|

|   |                               |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>WEIGH STATION A-3 WEST, MAYVIEW, MO | TIME OF INSPECTION<br>0:15 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.

- 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**

|  |   |
|--|---|
| <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>19002</u> EXP. DATE <u>10/16/2021</u>                   |   |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2327</u> SIM. NIST EXP DATE <u>01/23/2021</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)

- 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 <input checked="" type="checkbox"/> .100 | TEST 2 <input checked="" type="checkbox"/> .101 | TEST 3 <input checked="" type="checkbox"/> .100 |
|---|---|---|

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) |
|----------|---------|-----------|-----------|-----------|------------|

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<br>   | PRINT NAME<br>M.J. HANRAHAN        |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>290089, 04/22/2021 | TELEPHONE NUMBER<br>(816) 622-0800 |

**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: 111749  
Version no: 532B

TEST RECORD 00693

Temp Date Time 210L s/

VOID: RFI

12 12/12/20 00:21

Subject Name

RFD TEST

Subject I.D.

Operator Name, I.D.

M.J. HARRAHAN

Location #290089

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00692

Temp Date Time 210L s/

Air Blank:

12/12/20 00:19 .000

Calibration Check:

19 12/12/20 00:19 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

M.J. HARRAHAN

Location #290089

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00691

Temp Date Time 210L s/

Air Blank:

12/12/20 00:17 .000

Calibration Check:

18 12/12/20 00:17 .101

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

M.J. HARRAHAN

Location #290089

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00690

Temp Date Time 210L s/

Air Blank:

12/12/20 00:15 .000

Calibration Check:

18 12/12/20 00:15 .100

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

M.J. HARRAHAN

Location #290089

A-3 WEST

MAYVIEW, MO

## 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:

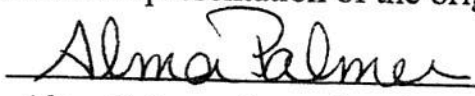
RepCo Marketing Co. prepared, tested and supplied Lot Number 19002 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. 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

2

PERMIT  
TYPE II

**MATTHEW HANRAHAN**

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 4/22/2019

NUMBER 290089

EXPIRES 4/22/2021

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 HANRAHAN MATTHEW  
Permit No 290089  
Date Issued 4/22/2019 Date Expires 4/22/2021

