

**RECEIVED**

By Stephen Wilson at 11:28 am, May 15, 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 111755	PRINTER SN 09B.3589.489	DATE OF INSPECTION 05/14/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Troop G - Zone 8 Office		TIME OF INSPECTION 5:20 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) <i>22°C</i>
<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 Inc</u> LOT # <u>19002</u> EXP. DATE <u>10/16/2021</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.03</u> SIMULATOR SN <u>MP2473</u> SIMULATOR EXP DATE <u>02/07/2021</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 <i>☛</i> .099	TEST 2 <i>☛</i> .098	TEST 3 <i>☛</i> .098
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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) <b>2</b>	(.10-.14) <b>1</b>	(.15-.19) <b>1</b>	(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).

Adjusted time. Placed into service after Covid-19.

**INSPECTING OFFICER**

SIGNATURE <i>Thomas Meyer</i>	PRINT NAME Thomas Meyer
TYPE II PERMIT NUMBER/EXPIRATION DATE 280276 09/13/2020	TELEPHONE NUMBER (417) 469-3121

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: 111755  
Version no: 532B

TEST RECORD 00215

Temp Date Time 210L <sup>9/</sup>  
Air Blank: 05/14/20 17:26 .000  
Calibration Check: 22 05/14/20 17:26 .099

Subject Name

Subject I.D.

Operator Name, I.D.

I. MEYER 880276  
Location

ZONE 8 OFFICE

CARTER COUNTY

AS IV Serial no: 111755  
Version no: 532B

TEST RECORD 00216

Temp Date Time 210L <sup>9/</sup>  
Air Blank: 05/14/20 17:27 .000  
Calibration Check: 23 05/14/20 17:27 .098

Subject Name

Subject I.D.

Operator Name, I.D.

I. MEYER 880276  
Location

ZONE 8 OFFICE

CARTER COUNTY

AS IV Serial no: 111755  
Version no: 532B

TEST RECORD 00217

Temp Date Time 210L <sup>9/</sup>  
Air Blank: 05/14/20 17:29 .000  
Calibration Check: 23 05/14/20 17:29 .098

Subject Name

Subject I.D.

Operator Name, I.D.

I. MEYER 880276  
Location

ZONE 8 OFFICE

CARTER COUNTY

AS IV Serial no: 111755  
Version no: 532B

TEST RECORD 00218

Temp Date Time 210L <sup>9/</sup>  
VOID: RFI 12 05/14/20 17:30

Subject Name

Subject I.D.

Operator Name, I.D.

I. MEYER 880276  
Location

ZONE 8 OFFICE

CARTER COUNTY



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**

**THOMAS W. MEYER**

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 9/13/2018

NUMBER 280276

EXPIRES 9/13/2020

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** MEYER, THOMAS  
**Permit No** 280276  
**Date Issued** 9/13/2018 **Date Expires** 9/13/2020