



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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 111770	PRINTER SN 09B.3589.482	DATE OF INSPECTION 04/06/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 891 TECHNOLOGY DRIVE, WELDON SPRING		TIME OF INSPECTION 11:08 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER REPCO MARKETING CO LOT # 19001 EXP. DATE 03/12/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2459 SIMULATOR EXP DATE 01/28/2021

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 .097

TEST 2 .099

TEST 3 .099

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)	1	(.10-.14)	0	(.15-.19)	1	(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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
A. MICHELS

TYPE II PERMIT NUMBER/EXPIRATION DATE  
PERMIT NUMBER 200009, EXPIRES 01/03/2022

TELEPHONE NUMBER  
(636) 300-2800

**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: 111770  
Version no: 532B

TEST RECORD 00149

Temp Date Time 210L

Air Blank:  
04/06/20 11:07 .000  
Calibration Check:  
18 04/06/20 11:07 .097

Subject Name

Maark  
Subject I.D.

Operator Name, I.D.

A. Michels #200009  
Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111770  
Version no: 532B

TEST RECORD 00150

Temp Date Time 210L

Air Blank:  
04/06/20 11:10 .000  
Calibration Check:  
19 04/06/20 11:10 .099

Subject Name

Maark  
Subject I.D.

Operator Name, I.D.

A. Michels 200009  
Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111770  
Version no: 532B

TEST RECORD 00151

Temp Date Time 210L

Air Blank:  
04/06/20 11:11 .000  
Calibration Check:  
20 04/06/20 11:11 .099

Subject Name

Maark  
Subject I.D.

Operator Name, I.D.

A. Michels 200009  
Location

Troop C HQ

Mobile Unit

AS IV Serial no: 111770  
Version no: 532B

TEST RECORD 00153

Temp Date Time 210L

VOID: RFI  
12 04/06/20 11:14

Subject Name

Maark  
Subject I.D.

Operator Name, I.D.

A. Michels 200009  
Location

Troop C HQ

Mobile Unit



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



**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
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PRINT FULL NAME Adam J. Michels	TITLE Trooper 1st Class	AGE 34
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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
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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 <b>OK SGW</b>	4 <b>5 SELF-TESTS OK SGW</b>
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