



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 3:29 pm, Oct 27, 2020

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 111773 | NAME OF AGENCY MSHP | DATE OF INSPECTION 10/20/2020 |
|------------------------------------|-------------------------------|---|

| | |
|--|------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) MT. VERNON FIRE DEPT., MT. VERNON | TIME OF INSPECTION 07:18 |
|--|------------------------------------|

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 REPCO | LOT # 19001 | EXP. DATE 3/12/2021 |
|--|--------------------|----------------------------|

| | | |
|---|---------------|--------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° | SIM. SN _____ | SIM. NIST EXP DATE _____ |
|---|---------------|--------------------------|

- 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 • .096 | TEST 2 • .096 | TEST 3 • .096 |
|----------------------|----------------------|----------------------|

- 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 Cpt. T.A. Hadlock | PRINT NAME T.A. Hadlock |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 260180 05/19/2022 | TELEPHONE NUMBER 417.895.6868 |

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: 111773
Version no: 532B

TEST RECORD 00087

Temp Date Time 210L ^{s/}

Air Blank: 10/20/20 07:18 .000
Calibration Check: 21 10/20/20 07:18 .095

Subject Name

Subject I.D.

Operator Name, I.D.
T.A. Hadlock 789
Location
MVFD

AS IV Serial no: 111773
Version no: 532B

TEST RECORD 00088

Temp Date Time 210L ^{s/}

Air Blank: 10/20/20 07:21 .000
Calibration Check: 21 10/20/20 07:21 .095

Subject Name

Subject I.D.

Operator Name, I.D.
T.A. Hadlock 789
Location
MVFD

AS IV Serial no: 111773
Version no: 532B

TEST RECORD 00089

Temp Date Time 210L ^{s/}

Air Blank: 10/20/20 07:22 .000
Calibration Check: 21 10/20/20 07:22 .096

Subject Name

Subject I.D.

Operator Name, I.D.
T.A. Hadlock 789
Location
MVFD

AS IV Serial no: 111773
Version no: 532B

TEST RECORD 00090

Temp Date Time 210L ^{s/}

VOID: RFI
12 10/20/20 07:24

Subject Name

Subject I.D.

Operator Name, I.D.

T.A. Hadlock 789

Location

MVFD



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



PERMIT
TYPE II
TODD A HADLOCK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform maintenance and repair, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under authority of Sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/19/2020
NUMBER 200180
EXPIRES 5/19/2022


DIRECTOR OF STATE PUBLIC HEALTH

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-89 (2/11) (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: HADLOCK, TODD
Permit No: 200180
Date Issued 5/19/2020 Date Expires 5/19/2022