



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

RECEIVED

By Tracy Crews at 11:59 am, Jan 08, 2021

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 097145	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Troop D, Zone 3, Zone Office, Bolivar		TIME OF INSPECTION 18:29

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) <u>19°C</u>
<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</u> LOT # <u>19001</u> EXP. DATE <u>03-12-21</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP 2146</u> SIM. NIST EXP DATE <u>01-16-2021</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 <u>.098</u>	TEST 2 <u>.099</u>	TEST 3 <u>.098</u>
--------------------	--------------------	--------------------

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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 Joshua White
TYPE II PERMIT NUMBER/EXPIRATION DATE 200042/ 01-07-2022	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: 097415
Version no: 532B

TEST RECORD 00710

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/01/21 18:32 .000
Calibration Check:
20 01/01/21 18:32 .098

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. White 1202

Location

TROOP D ZONE 3
ZONE OFFICE
BOLZUAR

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00711

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 01/01/21 18:33

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202

Location

TROOP D ZONE 3
ZONE OFFICE
BOLZUAR

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00708

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/01/21 18:29 .000
Calibration Check:
19 01/01/21 18:29 .098

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202

Location

TROOP D ZONE 3
ZONE OFFICE
BOLZUAR

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00709

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/01/21 18:30 .000
Calibration Check:
19 01/01/21 18:30 .099

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. White 1202

Location

TROOP D ZONE 3
ZONE OFFICE
BOLZUAR

RepCo

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:

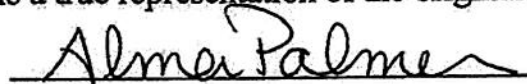
RepCo Marketing Co. prepared, tested and supplied Lot Number 19001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by accredited institution, Data Resources Inc., using NIST standards. Random samples were analyzed by Data 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

2

PERMIT
TYPE II
JOSHUA L WHITE

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 1/7/2020



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200042



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 1/7/2022

MO 580-0771 (6-10)

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 WHITE, JOSHUA
Permit No 200042
Date Issued 1/7/2020 Date Expires 1/7/2022

