



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 107971	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/02/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 17010 Highway 87, Boonville	TIME OF INSPECTION 6:18 PM
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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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Repco</u>	LOT # <u>19002</u>	EXP. DATE <u>10/16/2021</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP2202</u>	SIM. NIST EXP DATE <u>01/19/22</u>
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- 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 \Rightarrow <u>.101</u>	TEST 2 \Rightarrow <u>.099</u>	TEST 3 \Rightarrow <u>.101</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>1</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

Tested within DHSS standards.

INSPECTING OFFICER	
SIGNATURE <i>Tracy Richerson 759</i>	PRINT NAME Corporal A. M. Richerson
TYPE II PERMIT NUMBER/EXPIRATION DATE 290186 - 8/19/21	TELEPHONE NUMBER (573) 751-1000

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: 107971
Version no: 532B

TEST RECORD 00674

Temp	Date	Time	210L
Air Blank:			
	03/02/21	18:22	.000
Calibration Check:			
18	03/02/21	18:22	.101

Air Blank:
03/02/21 18:22 .000
Calibration Check:
18 03/02/21 18:22 .101

Subject Name

Test 1

Subject I.D.

1234

Operator Name, I.D.

Richerson 290186

Location

17010 Hwy 87

Boonville

AS IV Serial no: 107971
Version no: 532B

TEST RECORD 00675

Temp	Date	Time	210L
Air Blank:			
	03/02/21	18:24	.000
Calibration Check:			
19	03/02/21	18:24	.099

Air Blank:
03/02/21 18:24 .000
Calibration Check:
19 03/02/21 18:24 .099

Subject Name

Test 2

Subject I.D.

1234

Operator Name, I.D.

Richerson 290186

Location

17010 Hwy 87

Boonville

AS IV Serial no: 107971
Version no: 532B

TEST RECORD 00676

Temp	Date	Time	210L
Air Blank:			
	03/02/21	18:26	.000
Calibration Check:			
20	03/02/21	18:26	.101

Air Blank:
03/02/21 18:26 .000
Calibration Check:
20 03/02/21 18:26 .101

Subject Name

Test 3

Subject I.D.

1234

Operator Name, I.D.

Richerson 290186

Location

17010 Hwy 87

Boonville

AS IV Serial no: 107971
Version no: 532B

TEST RECORD 00677

Temp	Date	Time	210L
VOID: RFI			
12	03/02/21	18:27	

VOID: RFI
12 03/02/21 18:27

Subject Name

RFI Test

Subject I.D.

1234

Operator Name, I.D.

Richerson 290186

Location

17010 Hwy 87

Boonville



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**

ANTHONY M RICHERSON

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 8/19/2019

NUMBER 290186

EXPIRES 8/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 RICHerson, ANTHONY
 Permit No 290186
 Date Issued 8/19/2019 Date Expires 8/19/2021