

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 11:02 am, Feb 11, 2021

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time Send copy to Department of Health and Ser	of the regular monthly	preventative mainter	nance check, and when	never instrument is repaired		
ALCO SENSOR IV SN 107982	NAME OF AGENCY MSHP		DATE	OF INSPECTION 4/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Franklin Street, Kirksville, MO 63501				OF INSPECTION		
CHECKLIST: Place a mark in the box by eac where determined.) Unmarked items must b	h item if found to be sati	sfactory or if operating	g within established lim	its. (Write in observed values		
☑ DIGITAL READOUT (ALL ELEMENTS (
☑ TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)					
☑ PRINTER WORKING PROPERLY	- 1860 - 1860 - 1870 - 18					
☑ TIME AND DATE DISPLAYING PROPE	RLY					
BREATH ALCOHOL ACCURACY STANDA	RDS					
☑ SIMULATOR SOLUTION		☐ COMPRESSE	D ETHANOL-GAS MIX	XTURE		
✓ STANDARD SUPPLIER RepCo Market	✓ STANDARD SUPPLIER RepCo Marketing Inc. LOT # 19001 EXP. DATE 03/12/0201					
☑ SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) 33.9 SI	M. SNMP251	9 SIM. NIST E	XP DATE _05/05/2021		
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% an BETWEEN 0.076% an	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	Ē			
TEST 1 • 0.099	TEST 2 - 0.099		TEST 3 • 0.100			
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTENA	NCE REPORT:		
			Ĩ	1		
REFUSALS 0 (004) 0 List any new parts and describe any alteration established limits (use other side if necessary	(.0509) 0 on or modification that v	vas made to restore	(.1519) 0 the instrument to oper	(OVER .19) 0 ate satisfactorily and within		
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER/EXPIRATION DATE 200091 / 2/18/2022 Return completed report to the: Breath Alchemotic for the state of the	cohol Program MO Dec		PRINT NAME Cpl G. L. Gaines, #8 TELEPHONE NUMBER (660) 385-2132			
by mail, fa	ix, or email.	aon of rieditir dil	G Gerrior Gervices, 500	inicasi district Office		

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 <u>.100</u> +/-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.

2021		AS IV Serial no: 107982 Version no: 532B TEST RECORD 00651	ZB:	Subject I.D. Operator Name, I D	Ca bit branes recognized in Standard ST.	Harris vant, mo
		HS IV Serial no: 107982 Version no: 532B TEST RECORD 00650	Temp Date Time 210L Air Blank: 02/84/21 28:43 .000 Calibration Check: 24 82/84/21 28:43 .100	w t	Operator Name, I.D. (R. A.L. CASNES \$120091 Location 201 5. Frances Cr	Hanesvall, pro
	00 III 000 III	Version no: 532B TEST RECORD 00649	TemP Date Time 2101 Air Blank: 02/04/21 20:41 .000 Calibration Check: 23 02/04/21 20:41 .099	Subject Name [EST #/2 Subject I.D.	Operator Name, I.D. Col. L. Charks #20091 Location 201 5. Frankun 97.,	1 3
		AS IV Serial no: 107982 Version no: 532B TEST RECORD 00648	Temp Date Time 210L Air Blank: 02/04/21 20:39 .000 Calibration Check: 22 02/04/21 20:39		OPerator Name, I.D. CR Lichans 1200011 Location 78 4. France Cr	Karaksware pro



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Michael L. Parson

Randall W. Williams, MD, FACOG

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2519

Manufacturer: Guth

Model Number: 12V500

MSHP (GHQ)

Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

NIST THERMOMETER INFORMATION

Serial Number:

Agency:

307715

Bias:

0.00

Uncertainty:

Date of Certification:

0.02

9/2/2019

Date of Expiration: 9/2/2020

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.01

.03

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/5/2020 Certification Expiration: 5/5/2021

Simulator testing technician: J. CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER

Certification No: MP2519 552020

DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 1 Page 1 of 1



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

GRAYDON L GAINES

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.

DATE2/18/2020	when
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200091	
EXPIRES 2/18/2022	El Ville
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

