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.

$\square$ 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 $\pm 5 \%$ 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)
$\begin{array}{ll}\square & 0.100 \% \\ \square \\ \square & 080 \% \text { STANDARD - MUST READ BETWEEN } 0.095 \%\end{array}$

| TEST $1 \sim .100$ | TEST $2 \sim .101$ | TEST 3 |
| :--- | :--- | :--- |

## $\checkmark$ 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 | $(.05-.09)$ | 0 | $(.10-.14)$ | 0 | $(.15-.19)$ | 0 | (OVER .19) | 0 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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



Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

# Nixa Police Department 

## Calibration Check slip's

AS IU Seriel no: 10967
Version mot 5en
TEST REOUN 0182
TEMP Tole Time ZIML

## hir BLent:

66221510. W0 Cabretion Chect:
24 घुके 15 है . 100
Mbsctame


Shert I.

$\xrightarrow{\square}$
$\qquad$


# Nixa Police Department 

## RFI Evidence slip

```
AE IU Berlal mo: lopgeg
VE!simn ma* 5-क 
    Trex ETC|M काबE
Tern Tble Time zigL
UTME RET
    12 क12%21 15:1g
Smbet Mane
    RFI
Gutart I.T.
argatgh Mone: I.D.
```



## Nixa Police Department

## Blank (Zero) test Evidence slip

```
HE IU Setism mo: 107,G?
Hersion mo: 5,GE
    TEST EPSTM णIES
TEMF Tste Time ZlgL
A! Mm&:
```



```
Subiect Test" Muta
```



```
Strimt Home
    BLANK
Mbmat I.TH.
```



## CERTIFICATE OF ANALYSIS

## MANUFACTURER AND SUPPLIER: RepCo Marketing Co. LOT NUMBER: 19002 <br> 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 $\mathbf{. 1 2 3 1 ~} \mathrm{gms} / \mathrm{dl}+/-.003 \mathrm{gms} / \mathrm{dl} \mathrm{wt} / \mathrm{vol}$ 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 $. \mathbf{1 0 0}+/-3 \% \mathrm{gms} / 210 \mathrm{~L}$ 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.



## STATE OF MISSOURI <br> DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM PERMIT TYPE II JOSHUA C. BARTON

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 $\qquad$


NUMBER 210015
EXPIRES 2/1/2023 $\qquad$


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES


