



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 108271	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 09:15

**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)
<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</u>	LOT # <u>20001</u> EXP. DATE <u>10/07/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.97</u>	SIM. SN <u>MP2306</u> SIM. NIST EXP DATE <u>01/07/2022</u>
<input checked="" type="checkbox"/> 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 ← .104	TEST 2 ← .102	TEST 3 ← .104
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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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19) <sup>1</sup>
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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).

**changed time -1 hour/ recent time change**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME D W Henley #727
TYPE II PERMIT NUMBER EXPIRATION DATE 200224 08/13/2022	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: 100271  
Version no: 532B

TEST RECORD 00597

Temp Date Time 210L 9/

Air Blank:

12/21/21 09:23 .000

Calibration Check: 20 12/21/21 09:23 .102

Subject Name  
**TEST 2**

Operator: Vines, I.D.

Location  
**D W HEWLEY # 727**

**3131 E KEARNEY**

**SPRINGFIELD, MO**

**D. S. # 727**

AS IV Serial no: 100271  
Version no: 532B

TEST RECORD 00598

Temp Date Time 210L 9/

Air Blank:

12/21/21 09:24 .000

Calibration Check: 20 12/21/21 09:24 .104

Subject Name  
**TEST 3**

Operator: Vines, I.D.

Location  
**D W HEWLEY # 727**

**3131 E KEARNEY**

**SPRINGFIELD, MO**

**D. S. # 727**

AS IV Serial no: 100271  
Version no: 532B

TEST RECORD 00599

Temp Date Time 210L 9/

Air Blank:

12/21/21 09:26 .000

Calibration Check: 20 12/21/21 09:26 .104

Subject Name  
**RFI**

Operator: Vines, I.D.

Location  
**D W HEWLEY # 727**

**3131 E KEARNEY**

**SPRINGFIELD, MO**

**D. S. # 727**

AS IV Serial no: 100271  
Version no: 532B

TEST RECORD 00596

Temp Date Time 210L 9/

Air Blank:

12/21/21 09:21 .000

Calibration Check: 20 12/21/21 09:21 .104

Subject Name  
**TEST 1**

Operator: Vines, I.D.

Location  
**D W HEWLEY # 727**

**3131 E KEARNEY**

**SPRINGFIELD, MO**

**D. S. # 727**



RepCo Marketing Co  
3101-188 Stony Brook Drive  
Raleigh, NC 27604  
919-876-5480

## CERTIFICATE OF ANALYSIS

**MANUFACTURER AND SUPPLIER: RepCo Marketing Co.**  
**LOT NUMBER: 20001**  
**EXPIRATION DATE: October 7, 2022 at 11:59 p.m.**

RepCo Marketing Co. certifies the following:

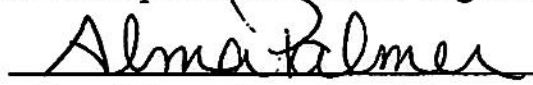
RepCo Marketing Co. prepared, tested and supplied Lot Number 20001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1227 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 8, 2020 The expiration date for this lot number is October 7, 2022 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**

**DAVID W HENLEY, JR.**

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 8/13/2020

NUMBER 200224

EXPIRES 8/13/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HENLEY, JR., DAVID  
Permit No 200224  
Date Issued 8/13/2020 Date Expires 8/13/2022

0:78/B:0:CE:26ARS-DE9/CS:15458220776/14