



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 108391	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 05/05/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 5584 Dunn Drive, Kingdom City	TIME OF INSPECTION 10:00 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER RepCo LOT # 19002 EXP. DATE 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2127 SIM. NIST EXP DATE 01/25/2022

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 .105

TEST 2 .102

TEST 3 .100

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)	1
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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).

Added one-hour and one-minute to the ASIV-time clock. Meets DHSS standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Roberto A. Rizo
TYPE II PERMIT NUMBER/EXPIRATION DATE 200293, December 8, 2022	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: 108391
Version no: 532B

TEST RECORD 00697

Temp	Date	Time	s/	210L
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Air Blank:
05/05/21 22:13 .000
Calibration Check:
24 05/05/21 22:13 .105

Subject Name

TEST #1

Subject I.D.

ABC

Operator Name, I.D.

Roberto Rizo 200293

Location

5584 Dunn Drive

Kingdom City

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00698

Temp	Date	Time	s/	210L
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Air Blank:
05/05/21 22:17 .000
Calibration Check:
25 05/05/21 22:17 .102

Subject Name

TEST #2

Subject I.D.

ABC

Operator Name, I.D.

Roberto Rizo 200293

Location

5584 Dunn Drive

Kingdom City

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00699

Temp	Date	Time	s/	210L
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Air Blank:
05/05/21 22:22 .000
Calibration Check:
25 05/05/21 22:22 .100

Subject Name

TEST #3

Subject I.D.

ABC

Operator Name, I.D.

Roberto Rizo 200293

Location

5584 Dunn Drive

Kingdom City

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00700

Temp	Date	Time	s/	210L
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VOID: RFI
12 05/05/21 22:23

Subject Name

RFI

Subject I.D.

ABC

Operator Name, I.D.

Roberto Rizo 200293

Location

5584 Dunn Drive

Kingdom City

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



PERMIT
TYPE II
ROBERTO A. RIZO

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 12/8/2020

NUMBER 200293

EXPIRES 12/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 RIZO, ROBERTO
Permit No 200293
Date Issued 12/8/2020 **Date Expires** 12/8/2022



RECEIVED

By Tracy Crews at 8:35 am, Dec 08, 2020

APPROVED

By Brian Lutmer at 12:01 pm, Dec 08, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 290026, January 30, 2021
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PRINT FULL NAME Roberto A Rizo	TITLE Trooper	AGE 42
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A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP Missouri State Highway Patrol, Troop F	TELEPHONE (573) 751-1000
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) P. O. Box 568, Jefferson City, Missouri 65102

EMAIL ADDRESS roberto.rizo@mshp.dps.mo.gov

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
2/2018	MSHP Academy	44	Intox DMT, Type II	<input checked="" type="checkbox"/>	Day
3/2018	Zone 15, Kingdom City	4	Alco-Senor IV with Printer, Type III	<input type="checkbox"/>	Dickens
1/2019	Troop F HQ, Jefferson City	8	Alco-Sensor IV with Printer, Type II	<input checked="" type="checkbox"/>	Cleveland
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intox DMT	11 2 MR'S OK BML	7 5 SELF-TESTS OK BML
2. Alco-Senor IV with Printer	5	10
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 12/07/2020
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901