



**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 06/30/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 5584 Dunn Drive, Kingdom City		TIME OF INSPECTION 10:40 pm

**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>19002</u> EXP. DATE <u>10/16/2021</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2127</u> SIM. NIST EXP DATE <u>01/25/2022</u>	

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  .100	TEST 2  .100	TEST 3  .099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 two-minutes 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 00714

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/30/21 22:55 .000  
Calibration Check:  
25 06/30/21 22:55 .100

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 00716

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/30/21 23:02 .000  
Calibration Check:  
26 06/30/21 23:02 .100

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 00718

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/30/21 23:10 .000  
Calibration Check:  
26 06/30/21 23:10 .099

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 00719

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 06/30/21 23:11

Subject Name

RFI

Subject I.D.

ABC

Operator Name, I.D.

Roberto Rizo

Location

5584 Dunn Drive

Kingdom City



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
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EMAIL ADDRESS roberto.rizo@mshp.dps.mo.gov
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**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 <b>2 MR'S OK BML</b>	7 <b>5 SELF-TESTS OK BML</b>
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

## 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.