



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 8:36 am, May 20, 2022

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<br><b>097440</b> | NAME OF AGENCY<br><b>Missouri State Highway Patrol</b> | DATE OF INSPECTION<br><b>05/18/2022</b> |
|------------------------------------|--|---|

|  |                                       |
|--|---------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>Zone 21 Office - Port of Kimberling Hotel - Kimberling City, Missouri</b> | TIME OF INSPECTION<br><b>1000 hrs</b> |
|--|---------------------------------------|

**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**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|--|---|

|   |                    |                             |
|---|--------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <b>RepCo Marketing Co</b> | LOT # <b>20001</b> | EXP. DATE <b>10/07/2022</b> |
|---|--------------------|-----------------------------|

|   |                       |                                      |
|---|-----------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <b>34.00</b> | SIM. SN <b>MP2307</b> | SIM. NIST EXP DATE <b>01/06/2023</b> |
|---|-----------------------|--------------------------------------|

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 <b>0.099</b> | TEST 2 <b>0.100</b> | TEST 3 <b>0.099</b> |
|---------------------|---------------------|---------------------|

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 <b>0</b> | (0-.04) <b>0</b> | (.05-.09) <b>0</b> | (.10-.14) <b>0</b> | (.15-.19) <b>0</b> | (OVER .19) <b>0</b> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

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**INSPECTING OFFICER**

|               |                                      |
|---------------|--------------------------------------|
| SIGNATURE<br> | PRINT NAME<br><b>Ryan W. Clement</b> |
|---------------|--------------------------------------|

|   |   |
|---|---|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>200217 / 08/03/2022</b> | TELEPHONE NUMBER<br><b>(417) 895-6868</b> |
|---|---|

**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: 097440  
Version no: 532B

TEST RECORD 00396

| Temp               | Date     | Time  | g/<br>210L |
|--------------------|----------|-------|------------|
| -----              |          |       |            |
| Air Blank:         |          |       |            |
|                    | 05/18/22 | 10:20 | .000       |
| Calibration Check: |          |       |            |
| 23                 | 05/18/22 | 10:20 | .099       |

Air Blank:  
05/18/22 10:20 .000  
Calibration Check:  
23 05/18/22 10:20 .099

Subject Name

Maintenance

Subject I.D.

R. Clement 489

Operator Name, I.D.

Location

Zone U office

2

AS IV Serial no: 097440  
Version no: 532B

TEST RECORD 00397

| Temp               | Date     | Time  | g/<br>210L |
|--------------------|----------|-------|------------|
| -----              |          |       |            |
| Air Blank:         |          |       |            |
|                    | 05/18/22 | 10:23 | .000       |
| Calibration Check: |          |       |            |
| 24                 | 05/18/22 | 10:23 | .100       |

Air Blank:  
05/18/22 10:23 .000  
Calibration Check:  
24 05/18/22 10:23 .100

Subject Name

Maintenance

Subject I.D.

R. Clement 489

Operator Name, I.D.

Location

Zone U office

3

AS IV Serial no: 097440  
Version no: 532B

TEST RECORD 00398

| Temp               | Date     | Time  | g/<br>210L |
|--------------------|----------|-------|------------|
| -----              |          |       |            |
| Air Blank:         |          |       |            |
|                    | 05/18/22 | 10:26 | .000       |
| Calibration Check: |          |       |            |
| 24                 | 05/18/22 | 10:26 | .099       |

Air Blank:  
05/18/22 10:26 .000  
Calibration Check:  
24 05/18/22 10:26 .099

Subject Name

Maintenance

Subject I.D.

R. Clement 489

Operator Name, I.D.

Location

Zone U office

4

AS IV Serial no: 097440  
Version no: 532B

TEST RECORD 00399

| Temp      | Date     | Time  | g/<br>210L |
|-----------|----------|-------|------------|
| -----     |          |       |            |
| VOID: RFI |          |       |            |
| 12        | 05/18/22 | 10:31 |            |

VOID: RFI

12 05/18/22 10:31

Subject Name

Maintenance

Subject I.D.

R. Clement 489

Operator Name, I.D.

Location

Zone U office

R. Clement



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

2

**PERMIT**  
**TYPE II**  
**RYAN W. CLEMENT**

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 8/3/2020

NUMBER 200217

EXPIRES 8/3/2022

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 CLEMENT, RYAN  
 Permit No 200217  
 Date Issued 8/3/2020 Date Expires 8/3/2022

