



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 7:41 am, Apr 08, 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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 04/04/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Franklin Street, Kirksville, MO 63501	TIME OF INSPECTION 9:47 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo Marketing Inc.</u> LOT # <u>20001</u> EXP. DATE <u>10/07/2022</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIM. SN <u>MP2519</u> SIM. NIST EXP DATE <u>05/05/2022</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)

- 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 ➔ 0.101	TEST 2 ➔ 0.101	TEST 3 ➔ 0.102
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Msgt G. L. Gaines, #801
TYPE II PERMIT NUMBER/EXPIRATION DATE 220040 02/10/2024	TELEPHONE NUMBER (660) 385-2132

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

AS IU Serial no: 107982  
Version no: 532B

TEST RECORD 00744

Temp	Date	Time	%/ 210L
Air Blank:	04/04/22	21:47	.000
Calibration Check:	21 04/04/22	21:47	.101

Subject Name  
Subject I.D.

TEST #1

Operator Name, I.D.

MSAT G.L. HAINES #2200410

Location

201 S. FRANKLIN ST.,

KEESVILLE, MD

*Bill H #201*

AS IU Serial no: 107982  
Version no: 532B

TEST RECORD 00745

Temp	Date	Time	%/ 210L
Air Blank:	04/04/22	21:50	.000
Calibration Check:	23 04/04/22	21:50	.101

Subject Name  
Subject I.D.

TEST #2

Operator Name, I.D.

MSAT G.L. HAINES #2200410

Location

201 S. FRANKLIN ST.,

KEESVILLE, MD

*Bill H #201*

AS IU Serial no: 107982  
Version no: 532B

TEST RECORD 00746

Temp	Date	Time	%/ 210L
Air Blank:	04/04/22	21:52	.000
Calibration Check:	23 04/04/22	21:52	.102

Subject Name  
Subject I.D.

TEST #3

Operator Name, I.D.

MSAT G.L. HAINES #2200410

Location

201 S. FRANKLIN ST.,

KEESVILLE, MD

*Bill H #201*

AS IU Serial no: 107982  
Version no: 532B

TEST RECORD 00747

Temp	Date	Time	%/ 210L
VOID: RFI	12 04/04/22	21:54	

Subject Name  
Subject I.D.

RFI

Operator Name, I.D.

MSAT G.L. HAINES #2200410

Location

201 S. FRANKLIN ST.,

KEESVILLE, MD

*Bill H #201*

## 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:

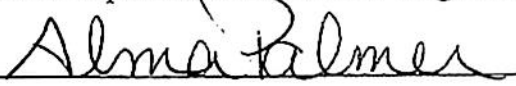
RepCo Marketing Co. prepared, tested and supplied Lot Number 20001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. 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**  
**GRAYDON L. GAINES**

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 2/10/2022

NUMBER 220040

EXPIRES 2/10/2024

*Laura V. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Raymond M. Mason*

, acting director  
 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 GAINES, GRAYDON  
 Permit No 220040  
 Date Issued 2/10/2022 Date Expires 2/10/2024





**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Robert J. Knodell**  
Acting Director



**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2519      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** MSHP (GHQ)  
**Agency Address:** 1510 E ELM ST, JEFFERSON CITY, MO 65101

## NIST THERMOMETER INFORMATION

**Serial Number:** 307715      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/1/2020      **Date of Expiration:** 10/1/2021

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.02	.06

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 5/5/2021  
**Certification Expiration:** 5/5/2022  
**Simulator testing technician:** J. CLEVELAND

**Notes on Condition:** none  
**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP2519\_552021

X

DHSS BAP Scientist Approving