



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 Nixa 107987	NAME OF AGENCY Nixa Police Department	DATE OF INSPECTION 10/25/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa, MO 65714		TIME OF INSPECTION 4:11 am

**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 .100       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER RepCo Marketing Inc      LOT # 21001      EXP. DATE 06/16/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0      SIM. SN MP 5537      SIM. NIST EXP DATE 07/11/2023

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 • .098	TEST 2 • .100	TEST 3 • .098
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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 403	PRINT NAME Sgt. J Barton
TYPE II PERMIT NUMBER EXPIRATION DATE 210015 02/01/2023	TELEPHONE NUMBER (417) 725-2510

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

# Nixa Police Department

## Calibration Check slip's

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 01757

Temp	Date	Time	a/ Time
Air Blank:			
	10/25/22	04:11	.000
Calibration Check:			
25	10/25/22	04:11	.098

Subject Name  
TEST 1

Subject I.D.  
\_\_\_\_\_

Operator Name, I.D.  
JB 403

Location  
\_\_\_\_\_

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 01758

Temp	Date	Time	a/ Time
Air Blank:			
	10/25/22	04:13	.000
Calibration Check:			
26	10/25/22	04:13	.100

Subject Name  
TEST 2

Subject I.D.  
\_\_\_\_\_

Operator Name, I.D.  
JB 403

Location  
\_\_\_\_\_

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 01759

Temp	Date	Time	a/ Time
Air Blank:			
	10/25/22	04:15	.000
Calibration Check:			
26	10/25/22	04:15	.098

Subject Name  
TEST 3

Subject I.D.  
\_\_\_\_\_

Operator Name, I.D.  
JB 403

Location  
\_\_\_\_\_

# Nixa Police Department

## RFI Evidence slip

AS IV Serial no: 107987			
Version no: 532B			
TEST RECORD 01760			
Temp	Date	Time	g/ 210L
-----			
VOID: RFI			
12 10/25/22 04:16			
-----			
Subject Name			
RFI			
-----			
Subject I.D.			
-----			
Operator Name, I.D.			
[Signature] 403			
-----			
Location			
-----			
-----			

# Nixa Police Department

## Blank (Zero) test Evidence slip

AS IV Serial no: 107987			
Version no: 532B			
TEST RECORD 01762			
Temp	Date	Time	a/ 210L
-----			
Air Blank:			
	10/25/22	04:19	.000
Subject Test: Auto			
	27 10/25/22	04:19	.000
-----			
Subject Name			
<u>BLANK</u>			
-----			
Subject I.D.			
-----			
Operator Name, I.D.			
<u>[Signature]</u> 463			
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Location			
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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: 21001**

**EXPIRATION DATE: June 16, 2023 at 11:59 p.m.**

RepCo Marketing Co. certifies the following:

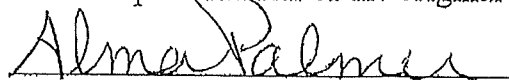
RepCo Marketing Co. prepared, tested and supplied Lot Number 21001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1222 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 June 17, 2021 The expiration date for this lot number is June 16, 2023 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**

**JOSHUA C. BARTON**

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 2/1/2021

NUMBER 210015

EXPIRES 2/1/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 BARTON, JOSHUA  
Permit No 210015  
Date Issued 2/1/2021 Date Expires 2/1/2023

