



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 111327 Lawson PD	NAME OF AGENCY Lawson Police Department	DATE OF INSPECTION 08/05/2022
---------------------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 104 W 3rd Street, Lawson, MO	TIME OF INSPECTION 12:22 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.

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 Repc Marketing LOT # 21001 EXP. DATE 06/16/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR5392 SIM. NIST EXP DATE 07/07/2023

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 → .101

TEST 2 → .100

TEST 3 → .099

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Corrected time, four minutes slow.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Chief Bruce Summa
---------------	---------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 220062 02/19/2024	TELEPHONE NUMBER (816) 580-7210
--	------------------------------------

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: 111327
Version no: 532B

TEST RECORD 00764

Temp	Date	Time	s/ 210L
Air Blank:	08/05/22	12:22	.000
Calibration Check:	19 08/05/22	12:22	.101

Air Blank:
08/05/22 12:22 .000
Calibration Check:
19 08/05/22 12:22 .101

Subject Name

Monthly Maint

Subject I.D.

Chief Bruce Sumner

Operator Name, I.D.

220062

Location

Lawson PD

Test 1

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00765

Temp	Date	Time	s/ 210L
Air Blank:	08/05/22	12:24	.000
Calibration Check:	20 08/05/22	12:24	.100

Air Blank:
08/05/22 12:24 .000
Calibration Check:
20 08/05/22 12:24 .100

Subject Name

Monthly Maint

Subject I.D.

Chief Bruce Sumner

Operator Name, I.D.

220062

Location

Lawson PD

Test 2

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00766

Temp	Date	Time	s/ 210L
Air Blank:	08/05/22	12:25	.000
Calibration Check:	21 08/05/22	12:25	.099

Air Blank:
08/05/22 12:25 .000
Calibration Check:
21 08/05/22 12:25 .099

Subject Name

Monthly Maint

Subject I.D.

Chief Bruce Sumner

Operator Name, I.D.

220062

Location

Lawson PD

Test 3

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00767

Temp	Date	Time	s/ 210L
VOID: RFI	12 08/05/22	12:27	

VOID: RFI
12 08/05/22 12:27

Subject Name

Monthly Maint

Subject I.D.

Chief Bruce Sumner

Operator Name, I.D.

220062

Location

Lawson PD

RFI Test

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00768

Temp	Date	Time	s/ 210L
Air Blank:	08/05/22	12:28	.000
Subject Test: Auto	22 08/05/22	12:28	.000

Air Blank:
08/05/22 12:28 .000
Subject Test: Auto
22 08/05/22 12:28 .000

Subject Name

Monthly Maint

Subject I.D.

Chief Bruce Sumner

Operator Name, I.D.

220062

Location

Lawson PD

Self Test



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

2

PERMIT
TYPE II
BRUCE SUMMA

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 2/19/2022

NUMBER 220062

EXPIRES 2/19/2024

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Bruce Summa

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 SUMMA, BRUCE
 Permit No 220062
 Date Issued 2/19/2022 Date Expires 2/19/2024

