



**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 111634	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/04/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) Troop B Zone 5 Office	TIME OF INSPECTION 5:01 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Repco LOT # 20001 EXP. DATE 10/07/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2519 SIM. NIST EXP DATE 05/05/2022

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 ↻ 0.102

TEST 2 ↻ 0.101

TEST 3 ↻ 0.100

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	1	(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  
*Trooper R.D. Johnson*

PRINT NAME  
Trooper R. D. Johnson

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220044// 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.



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.

APR 04 2022

AS IV Serial no: 111634  
Version no: 532B

TEST RECORD 00160

Temp	Date	Time	s/ 210L
26	04/04/22	17:00	.000
Calibration Check:			
26	04/04/22	17:00	.102

Subject I.D.

~~#1~~ #1

Operator Name, I.D.

Johnson 220044

Location

Trop B / 25

AS IV Serial no: 111634  
Version no: 532B

TEST RECORD 00162

Temp	Date	Time	s/ 210L
Air Blank:			
	04/04/22	17:06	.000
Calibration Check:			
26	04/04/22	17:06	.100

Air Blank:  
04/04/22 17:06 .000

Calibration Check:  
26 04/04/22 17:06 .100

Subject Name

Subject I.D.

#3

Operator Name, I.D.

Johnson 220044

Location

Trop B / 25

AS IV Serial no: 111634  
Version no: 532B

TEST RECORD 00161

Temp	Date	Time	s/ 210L
Air Blank:			
	04/04/22	17:04	.000
Calibration Check:			
26	04/04/22	17:04	.101

Air Blank:  
04/04/22 17:04 .000

Calibration Check:  
26 04/04/22 17:04 .101

Subject Name

Subject I.D.

#2

Operator Name, I.D.

Johnson 220044

Location

Trop B / 25

AS IV Serial no: 111634  
Version no: 532B

TEST RECORD 00163

Temp	Date	Time	s/ 210L
VOID: RFI			
	12 04/04/22	17:09	

VOID: RFI  
12 04/04/22 17:09

Subject Name

Subject I.D.

RFI

Operator Name, I.D.

Johnson 220044

Location

Trop B / 25



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**RILEY D. JOHNSON**

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 220044

EXPIRES 2/10/2024

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Riley D. Johnson*

acting director

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 JOHNSON, RILEY  
 Permit No 220044  
 Date Issued 2/10/2022 Date Expires 2/10/2024

