



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 8:36 am, May 26, 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 111747 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 05/25/2022 |
|------------------------------------|--|---|

| | |
|---|--------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Port of Kimberling Hotel - Zone Office | TIME OF INSPECTION 1:45 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 RepCo LOT # 20001 EXP. DATE 10/07/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2307 SIM. NIST EXP DATE 01/26/2023

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 ← **.099**

TEST 2 ← **.099**

TEST 3 ← **.098**

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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME
R. W. Clement

TYPE II PERMIT NUMBER/EXPIRATION DATE
200217 / 08/03/2022

TELEPHONE NUMBER
(417) 895-6868

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: 111747
Version no: 532B

TEST RECORD 00319

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/25/22 13:58 .000
Calibration Check:
23 05/25/22 13:58 .099

Subject Name
R. Clement 489
Subject I.D.
Maintenance
Operator Name, I.D.
Zone 21 office
Location

2

AS IV Serial no: 111747
Version no: 532B

TEST RECORD 00320

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/25/22 14:01 .000
Calibration Check:
24 05/25/22 14:01 .099

Subject Name
R. Clement 489
Subject I.D.
Maintenance
Operator Name, I.D.
Zone 21 office
Location

3

AS IV Serial no: 111747
Version no: 532B

TEST RECORD 00321

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/25/22 14:03 .000
Calibration Check:
24 05/25/22 14:03 .098

Subject Name
R. Clement 489
Subject I.D.
Maintenance
Operator Name, I.D.
Zone 21 office
Location

AS IV Serial no: 111747
Version no: 532B

TEST RECORD 00322

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI
12 05/25/22 14:05

Subject Name
R. Clement 489
Subject I.D.
Maintenance
Operator Name, I.D.
Zone 21 office
Location



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

