MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

#Decex				
Complete this report in duplicate at the time of Send copy to Department of Health and Senio				ever instrument is repaired.
ALCO SENSOR IV SN 100291	NAME OF AGENCY Willow Springs P	olice Department	DATE 0. 07/12	F INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY) 700 W. Main St. Willow Springs				INSPECTION
CHECKLIST: Place a mark in the box by each	item if found to be satisf	actory or if operating	······································	
where determined.) Unmarked items must be			THE STANDING WITH	5. (Title iii eb551754 74.455
☑ DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)			
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)				
PRINTER WORKING PROPERLY				
✓ TIME AND DATE DISPLAYING PROPERLY				
BREATH ALCOHOL ACCURACY STANDAR	DS			
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER RepCo Marketi	ing Co.	OT # 19002	EXP. DATE 10/16	/2021
✓ SIMULATOR TEMPERATURE (34°C ± 0)	2°C) <u>34</u> SII	и. sn <u>MP553</u>	9 SIM. NIST EX	(P DATE 08/28/2021
Run three tests using a standard solution. less. Check the box corresponding to the s 0.100% STANDARD - MUST READ I 0.080% STANDARD - MUST READ I 0.040% STANDARD - MUST READ I	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A I 0.105% INCLUSIVE I 0.084% INCLUSIVE	ATTACHED) E E	3. NAVO & Op. Odd 01. 1000 01
RFI DETECTOR OPERATING		•		
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T		G RANGES SINCE	THE LAST MAINTENA	NCE REPORT:
REFUSALS 0 (004) 0	(.0509)	(.1014) 0	(.1519) 0	(OVER .19) ⁰
List any new parts and describe any alteration established limits (use other side if necessary)		vas made to restore	the instrument to oper	ate satisfactorily and within
INSPECTING OFFICER				
SIGNATURE/			PRINT NAME Wes Ellison	
TYPE II PERMIT NUMBER/EXPIRATION DATE #210025 Exp 02/20/2023			TELEPHONE NUMBER (417) 469-3158	
Return completed report to the: Breath Alc	cohol Program, MO Depax, or email.	partment of Health a		utheast District Office

AS IV Serial no: 188291 Version no: 532B TEST RECORD 88613 Solution Subject Name # 2/0025 Operator Name, 1.B. # 2/0025 U.E.U.So Location W.M.Mod.Springs P)	
#S IV Serial no: 188291 Version no: 532B TEST RECORD 88612 9/ Temr Date Time 218L #ir Blank: 87/12/21 15:88 .888 Calibration Check: 23 87/12/21 15:88 .185 Subject Name # 3/00 25 OPERATOR Name # 3/00 25 Location Location W. ELUSO A Location	
AS IV Serial no: 188291 Version no: 532B TEST RECORD 88611 Air Blank: 87/12/21 15:85 .888 Subject Name Subject I.D. # \$100.25 Gerator Name, I.D. Location Location	
#S IV Serial no: 188291 Version no: 532B TEST RECORD 88618 % Temp	

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.

LOT NUMBER: 19002

EXPIRATION DATE: October 16, 2021 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 19002 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 1231 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 <u>October 17, 2019</u> The expiration date for this lot number is <u>October 16, 2021</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Alma Palmer, Operations Manager RepCo Marketing Co.



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

Randali W. Williams, MD, FACOG



Michael L. Parson Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5539

Manufacturer: Guth

Model Number:

12V500

Agency:

WILLOW SPRINGS PD

Agency Address: 123 E MAIN ST, WILLOW SPRINGS, MO 65793

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/10/2019

Date of Expiration: 10/10/2020

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.00

.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

8/28/2020

Certification Expiration:

8/28/2021

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

B. LUTMER

Certification No:

MP5539_8282020

DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 1 Page 1 of 1



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

WES ELLISON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

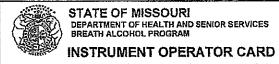
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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	want		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210025			
EXPIRES 2/20/2023	for Willen		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
AM	1 AD 4 (DC 16		

MO 680-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator ELLISON, WES

Permit No 210025

Date Issued 2/20/2021 Date Expires 2/20/2023

