



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 7:14 am, Dec 01, 2023

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 034874	PRINTER SN 08C.3527.093	DATE OF INSPECTION 12/01/2023
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD/101 SHERIFF DIERKER CT OFALLON 63366		TIME OF INSPECTION 1:51 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
---	--

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG313002</u> EXP. DATE <u>05/10/2025</u>
---

<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____
---

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .100	TEST 2  .098	TEST 3  .099
--------------	--------------	--------------

<input checked="" type="checkbox"/> 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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Piant Jr, Jeffery
TYPE II PERMIT NUMBER/EXPIRATION DATE 230051/03/27/2025	TELEPHONE NUMBER (636) 949-3000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00305

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/01/23 01:51 .000  
Calibration Check:  
23 12/01/23 01:51 .100

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00306

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/01/23 01:52 .000  
Calibration Check:  
24 12/01/23 01:52 .098

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00307

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/01/23 01:54 .000  
Calibration Check:  
24 12/01/23 01:54 .099

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00308

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 12/01/23 01:56

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Piant 230051

Location

SCCPD



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Test Date: 11-May-2023

Lot # AG313002 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
10-May-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

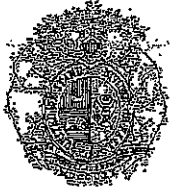
Analytical Method: NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 05.11.2023 21:07

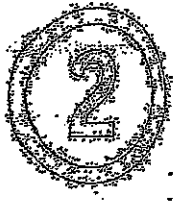
Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT  
TYPE II

JEFFERY PIANT JR.

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service, and repair, 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. Permitted under the provisions of sections 202.020 through 202.024, RSMo and 202.170 through 202.174, RSMo.

DATE 3/27/2023

NUMBER 230051

EXPIRES 3/27/2025

*M. L. Morgan*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David L. Neal*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LABORATORY

MO-2023-10-201



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 PIANT JR., JEFFERY  
Permit No 230051

Date Issued 3/27/2023 Date Expires 3/27/2025

