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By Tracy Crews at 8:09 am, Jan 12, 2023



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 062087	PRINTER SN 03A.2436.036	DATE OF INSPECTION 01/10/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 7:55 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.

<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>AG114701</u> EXP. DATE <u>05/27/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	

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 ➡ .104	TEST 2 ➡ .103	TEST 3 ➡ .103
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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)	2	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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).
Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE <i>SS 63/0411</i>	PRINT NAME Dep. S. Plain #101
TYPE II PERMIT NUMBER/EXPIRATION DATE 220007 01/06/2024	TELEPHONE NUMBER (816) 541-8017

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: 062087
Version no: 532B

TEST RECORD 01132 ^{9/}

Temp Date Time 210L

Air Blank: 01/10/23 19:55 .000
Calibration Check: 19 01/10/23 19:55 .104

Subject Name

Monthly Maint

Subject I.D.

TEST 1

Operator Name I.D.

STOFF 63

Location

JCSO 61HQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01133 ^{9/}

Temp Date Time 210L

Air Blank: 01/10/23 19:59 .000
Calibration Check: 20 01/10/23 19:59 .103

Subject Name

Monthly Maint

Subject I.D.

TEST 2

Operator Name I.D.

STOFF 63

Location

JCSO 61HQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01134 ^{9/}

Temp Date Time 210L

Air Blank: 01/10/23 20:02 .000
Calibration Check: 22 01/10/23 20:02 .103

Subject Name

Monthly Maint

Subject I.D.

TEST 3

Operator Name I.D.

STOFF 63

Location

JCSO 61HQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01135 ^{9/}

Temp Date Time 210L

VOID: RFI
12 01/10/23 20:04

Subject Name

Monthly Maint

Subject I.D.

TEST RFD

Operator Name I.D.

STOFF 63

Location

JCSO 61HQ



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: 1-Jun-2021

Lot # AG114701 **Model** 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2021.06.03 17:37:33 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

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

2

PERMIT
TYPE II
SEAN R. STOFF

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 12/2/2022

NUMBER 220266

EXPIRES 12/2/2024

MO 580-0771 (6-10)

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **STOFF, SEAN**
Permit No **220266**
Date Issued **12/2/2022** Date Expires **12/2/2024**

