



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 062092	PRINTER SN 03A.2436.036	DATE OF INSPECTION 05/17/2023
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 10:32 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) 24°
- PRINTER WORKING PROPERLY
- 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)
  - 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 ← <u>.099</u>	TEST 2 ← <u>.099</u>	TEST 3 ← <u>.099</u>
----------------------	----------------------	----------------------

- 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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>1</u>	(OVER .19)	<u>0</u>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 	PRINT NAME Dep. S. Plain #101/0448
---------------	---------------------------------------

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: 062092  
Version no: 532B

TEST RECORD 01663  
Temp Date Time 210L <sup>g/</sup>

Air Blank: 05/17/23 22:32 .000  
Calibration Check: 24 05/17/23 22:32 .099

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*Plan #101*

Location

*GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01664  
Temp Date Time 210L <sup>g/</sup>

Air Blank: 05/17/23 22:35 .000  
Calibration Check: 25 05/17/23 22:35 .099

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*Plan #101*

Location

*GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01665  
Temp Date Time 210L <sup>g/</sup>

Air Blank: 05/17/23 22:37 .000  
Calibration Check: 25 05/17/23 22:37 .099

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*Plan #101*

Location

*GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01666  
Temp Date Time 210L <sup>g/</sup>

VOID: RFI  
12 05/17/23 22:38

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*Plan #101*

Location

*GHQ*



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

**Exp. Date**

27-May-2023

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

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

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 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



**PERMIT**  
**TYPE II**  
**SEAN PLAIN**

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 1/6/2022

NUMBER 220007

EXPIRES 1/6/2024

*Laura A. Noy*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Kamm*

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 PLAIN, SEAN  
 Permit No 220007  
 Date Issued 1/6/2022 Date Expires 1/6/2024

