



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 097421	NAME OF AGENCY BRANSON WEST	DATE OF INSPECTION 04/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 SILVER LADY LN., BRANSON WEST MO 65737		TIME OF INSPECTION 7:17 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.

- 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG127903</u> EXP. DATE <u>10/06/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 ← .097	TEST 2 ← .096	TEST 3 ← .096
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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	0	(.0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME SGT AARON HOEFT
TYPE # PERMIT NUMBER/EXPIRATION DATE 210259 11/18/2023	TELEPHONE NUMBER (417) 272-3400

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: 097421
Version no: 532B

TEST RECORD 00919

Temp Date Time ^{g/} 210L
Air Blank: 04/03/23 07:17 .000
Calibration Check: 22 04/03/23 07:17 .094

Subject Name
Failed test
Subject I.D.
test 1
Operator Name, I.D.
Hoefl 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00920

Temp Date Time ^{g/} 210L
Air Blank: 04/03/23 07:21 .000
Calibration: 73 04/03/23 07:21 .096

Subject Name
Re-cal
Subject I.D.
Cal test 1
Operator Name, I.D.
Hoefl 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00921

Temp Date Time ^{g/} 210L
Air Blank: 04/03/23 07:23 .000
Calibration Check: 24 04/03/23 07:23 .097

Subject Name
Paint test
Subject I.D.
test 1
Operator Name, I.D.
Hoefl 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00922

Temp Date Time ^{g/} 210L
Air Blank: 04/03/23 07:25 .000
Subject Test: Man 21 04/03/23 07:25 .096

Subject Name
Paint test
Subject I.D.
test 2
Operator Name, I.D.
Hoefl 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00923

Temp Date Time ^{g/} 210L
Air Blank: 04/03/23 07:27 .000
Subject Test: Man 25 04/03/23 07:27 .096

Subject Name
Paint test
Subject I.D.
test 3
Operator Name, I.D.
Hoefl 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00924

Temp Date Time ^{g/} 210L
VOID: RFI 12 04/03/23 07:29

Subject Name
RFI test
Subject I.D.
RFI test 1
Operator Name, I.D.
Hoefl 210259
Location
BWPD



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
Toximeters, Inc.
1081 Craig Road
St. Louis, Mo 63146

Test Date: 6-Oct-2021

Lot # AG127903 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Oct-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>GM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
B0010581	392.1 ppm	EB0010603	393.0 ppm
B0010570	259.8 ppm	EB0010559	258.2 ppm
B0010285	208.0 ppm	EB0010595	208.3 ppm
B0010561	103.6 ppm	EB0010562	104.2 ppm
B0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
C434668	800.0 ppm	0056649	390.1 ppm
C234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2021.10.07 19:22:40 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala
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
AARON HOEFT

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 11/18/2021

NUMBER 210259

EXPIRES 11/18/2023

30-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 **HOEFT, AARON**
Permit No **210259**
Date Issued **11/18/2021** Date Expires **11/18/2023**

