



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 Send copy to Department of Health and Senior Services; retain original in department file. | epaired. |
|---|---|
| | |
| ALCO SENSOR IV SN PRINTER SN DATE OF INSPECTION 097430 096.3580.928 05/20/2023 | 3004433 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701 TIME OF INSPECTION 6:32 am | |
| CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in obse | rved val- |
| ues 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 | |
| | |
| ☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE | |
| STANDARD SUPPLIER Intoximeters LOT # AG304703 EXP. DATE 02/16/2025 | 225 |
| SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE | ======================================= |
| Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of 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 | 1.505 01 |
| TEST 1 = 0.080 TEST 2 = 0.080 TEST 3 = 0.080 | |
| 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 (004) 0 (.0509) 0 (.1014) 0 (.1519) 0 (OVER .19) | 0 |
| List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily at established limits (use other side if necessary). New tank, updated info | nd within |
| INSPECTING OFFICER SIGNATURE PRINT NAME | |
| SIGNATURE Ryan Stark | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210168 08/04/2023 TELEPHONE NUMBER (816) 380-8940 | |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Off | ice |

| TE | ST RECO | RD 00: | 14 8 |
|--|---|------------|-----------------|
| Temp | Date | Time | 9/ 210L |
| 0 Calib | lank: 5/20/23 ration | Check: | |
| | 5/20/23 | | . 1880 |
| Sub je | ct Name manek | Test | -14 |
| Subje | ct I.D. | 1601 | 31 |
| · <u> </u> | TARK | #SB# | Í |
| Opera | tor Nam | e, I.D. | |
| Locat | 100 | | |
| Docat | | | 7 |
| | *************************************** | | |
| | | | |
| | | | |
| | Serial on no: | | 7430 |
| TES | ST RECOR | O 909 | |
| Temp | Date | Time | 210L |
| Air B | lank: 5/20/23 | 06:47 | GAA |
| Ç. | 1 40140 | | |
| Calib | ration (| heck: | |
| 22 8 | ration (5/20/23 | heck: | |
| Calibrate Subject | ration (5/20/23 | heck: | |
| 22 8 | ration (5/20/23 ct Name ff # | heck: | |
| Subject (C | ration (5/20/23 ct Name ff # | heck: | |
| Subject (C | ration (5/20/23) Et Name ST # Et I.D. | 3 \$289 | .080 |
| Subject Subjec | t Name t Name t I.D. ARL TO Ham TO Ham | 3 \$289 | .080 |

AS IV Serial no: 097430 Version no: 532B

| AS IV Serial no: 097430 Version no: 532B |
|--|
| TEST RECORD 80941 |
| Temp Date Time 210L |
| Air Blank: 05/20/23 06:45 .090 Calibration Check: 21 05/20/23 06:45 .080 |
| Subject Name TEST #2 |
| Subject 1.11. STARK #209 |
| Operator Name, I.D. |
| Location |
| |
| |
| AS IV Serial no: 097430 Version no: 5328 |
| AS IV Serial no: 097430 Version no: 5328 TEST RECORD 00943 |
| Version no: 532B TEST RECORD 00943 |
| Version no: 532B TEST RECORD 00943 |
| Version no: 532B TEST RECORD 00943 Temp Date Time 210L VOID: RFI |
| Version no: 532B TEST RECORD 00943 Temp Date Time 210L VOID: RFI 12 05/20/23 06:48 Subject Name (|
| TEST RECORD 00943 TEST RECORD 00943 Temp Date Time 210L UOID: RFI 12 05/20/23 06:48 Subject Name RFI Check |



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: 16-Feb-2023

Lot # AG304703 Model 108

Exp Date 16-Feb-2025 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

0.080 ± 0.002 BrAC (218 ppm)

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

CRM Serial No. CC727481 CC727496

Concentration mqq 0.008 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Oigitally signed by:Quality Control Reason:Dry gas standard certification of enalysis Location:Airgas USA LLC (Lab) Date:02.16.2023 19:09

Approved for Release:

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

RYAN STARK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

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 --- 8/4/2021 NUMBER 210168

EXPIRES 8/4/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6410)



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 contant in breath form of expired air

Operator STARK, RYAN Permit No 210168

Date Issued 8/4/2021

Date Expires 8/4/2023