



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

			1			
Complete this report in duplicate at the time Send copy to Department of Health and Seni				whenever instrument is re	epaired.	
LCO SENSOR IV SN PRINTER SN 096.3580.928			DATE OF INSPECTION 08/22/2023			
LOCATION OF INSTRUMENT (STREET AND CITY)  205 N Lexington St Harrisonville MO 64701				TIME OF INSPECTION 5:06 am		
CHECKLIST: Place a mark in the box by each	7247410730	tory or if operatin	no within establis	hed limits. (Write in obser-	ved val-	
ues where determined.) Unmarked items mu			· · · · · · · · · · · · · · · · · · ·	,		
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISPLAYING PROPE	444.57					
BREATH ALCOHOL ACCURACY STANDAI	RDS	7 <u>. 10 - 20</u>				
☐ SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GA	S MIXTURE		
STANDARD SUPPLIER Intoximeters	LOT #	AG304703	EXP. DATE	02/16/2025		
☐ SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) SIMULA	TOR SN	SIMUL	ATOR EXP DATE	<del>55 -2</del> -	
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 = 0.080	080 TEST 2 - 0.080		TEST 3 - 0.079			
☐ 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 (.10	)-,14) 0	(.1519)	0 (OVER .19)	0	
List any new parts and describe any afterative stablished limits (use other side if necessary New tank, updated info		made to restore	the instrument to	o operate satisfactorily an	d within	
INSPECTING OFFICER						
SIGNATURE			PRINT NAME Ryan Stark			
117PE HT ERMIT NUMBER/EXPIRATION DATE 230174 08/08/2025	6000	100	TELEPHONE NUMBER (816) 380-894			
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					е	

AS IV Serial no: 097430 Version no: 5328
TEST RECORD 60961
Temp Date Time 210L
fir Blank:
08/22/23 05:06 .000 Calibration Check: 21 08/22/23 05:06 .080
Subject Name
Test #1
Subject I.B.
STARK #269  Operator Name: I.B.
HPD
Location
T
3
AS IV Serial no: 097438 Version no: 5328
AS IV Serial no: 097430 Version no: 532B TEST RECORD 00963
AS IV Serial no: 097430 Version no: 532B TEST RECORD 00963
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank: 08/22/23 05:10 .000
AS IV Serial no: 097430 Version no: 532B TEST RECORD 00963 Temp Date Time 210L Air Blank:
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank: 08/22/23 05:10 .000 Calibration Check: 23 08/22/23 05:10 .079  Subject Name
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank:
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank: 08/22/23 05:10 .000 Calibration Check: 23 08/22/23 05:10 .079  Subject Name  Test H3 Subject I.D.
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank:
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Temp Date Time 210L  Air Blank: 08/22/23 05:10 .000 Calibration Check: 23 08/22/23 05:10 .079  Subject Name  Test H3 Subject I.D.  STALK #289
AS IV Serial no: 097430 Version no: 532B  TEST RECORD 00963  Yerrion Date Time 210L  Air Blank: 08/22/23 05:10 .000 Calibration Check: 23 08/22/23 05:18 .079  Subject Name  Subject I.D.  STALK #299  Operator Name, I.D.

4 X _ X
AS IV Serial no: 097430 Version no: 5320
TEST RECORD 00962
Temp Date Time 2101
Air Blank:
98/22/23 05:08 .000 Calibration Check: 22 88/22/23 05:08 .080
Subject Name
Test #2
Subject I.D.
Operator Name, I.D.
HOD
location
<del>/</del>
RFI V
AS IV Serial no: 097430
Version no: 532B
TEST RECORD 88964
Temp Date Time 210L
VOID: RFI
12 08/22/23 05:12
Subject Name
Subject I.D.
STARK #284
Operator Name, I.D.
HPD
Location



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

## **Certificate of Analysis**

Test Date: 16-Feb-2023

Concentration

390.0 ppm

150.0 ppm

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

Lot # AG304703 Model 108

Exp Date 16-Feb-2025 Cyl. Type 108 Component

Certifled Concentration

Ethanol 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	120		RGM Serial No.	Concentration
EB0010581	391.8 ppm	6	82	EB0010603	392.5 ppm
EB0010570	259.8 ppm	100	**	EB0010559	258.9 ppm
EB0010285	209.0 ppm	500		EB0010562	104.2 ppm
EB0010561	103.7 ppm			EB0010579	52.94 ppm
EB0010681	52.22 ppm	37	W	er♥	Activities measured PD POSSES

 CRM Serial No.
 Concentration
 CRM Serial No.

 CC727481
 800.0 ppm
 CC727493

 CC727496
 253.0 ppm
 CC727498

Analytical Method: NDIR

Digitally algoed by:Quality Control Reason:Dry gas standard certification of analysis Location:Algos 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

## **RYAN STARK**

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, INTOX EC/IR II

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.

DATE8/8/2023	Mile Massur	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 230174		
EXPIRES 8/8/2025	Daves I. Nechelson	
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  LAB-4 (R6-10)	



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 all in Missaud.

Operator STARK, RYAN Permit No 230174

Date Issued 8/8/2023 Date Expires 8/8/2025

