



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 9:54 am, Jun 16, 2023

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 100284	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 06/15/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E Walnut Street., Columbia		TIME OF INSPECTION 2:05 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)
- 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>AG209701</u> EXP. DATE <u>04/07/2024</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 <input checked="" type="checkbox"/> .101	TEST 2 <input checked="" type="checkbox"/> .100	TEST 3 <input checked="" type="checkbox"/> .100
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	2	(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).
DONE PER DHSS RULES AND REGULATIONS

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jordan Payne
TYPE II PERMIT NUMBER EXPIRATION DATE 210211 09/14/2023	TELEPHONE NUMBER (573) 874-7652

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: 100284
Version no: 532B

TEST RECORD 00395

Temp Date Time 210L

VOID: RFI
12 06/15/23 14:10

Subject Name

Test

Subject I.D.

RPI

Operator Name: I.D.

Payne 2271

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00396

Temp Date Time 210L

Air Blank:
06/15/23 14:12 .000
Calibration Check:
23 06/15/23 14:12 .000

Subject Name

Test

Subject I.D.

Self

Operator Name: I.D.

Payne 2271

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00392

Temp Date Time 210L

Air Blank:
06/15/23 14:05 .000
Calibration Check:
20 06/15/23 14:05 .101

Subject Name

Test

Subject I.D.

Operator Name: I.D.

Payne 2271

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00393

Temp Date Time 210L

Air Blank:
06/15/23 14:07 .000
Calibration Check:
21 06/15/23 14:07 .100

Subject Name

Test

Subject I.D.

Operator Name: I.D.

Payne 2271

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00394

Temp Date Time 210L

Air Blank:
06/15/23 14:09 .000
Calibration Check:
22 06/15/23 14:09 .100

Subject Name

Test

Subject I.D.

Operator Name: I.D.

Payne 2271

Location

Airgas

Airgas USA, LLC (A.G.)
 6000 Belmont Street
 St. Louis, Mo. 63130
 P.O. Box 6000
 P.O. Box 6000
 P.O. Box 6000

Certificate of Analysis

Customer Name
 Electronic Supply
 Instruments, Inc.
 2061 Craig Road
 St. Louis, Mo 63110

Test Date: 11-Apr-2022

Lot # AG209701 Model 109

Exp Date: 7-Apr-2024 Cyl Type: 109 Component: Ethanol Nitrogen Certified Concentration: 0.100 ± 2% N2O (221 ppm)

Certification Traceable to NIST RM90 and to CRM Ethanol Standard

CRM Serial No.	Concentration	CRM Serial No.	Concentration
8180010007	391.5 ppm	8180010008	392.0 ppm
8180010070	391.5 ppm	8180010009	391.5 ppm
8180010080	391.0 ppm	8180010073	391.2 ppm
8180010081	100.7 ppm	8180010079	391.0 ppm
8180010091	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
66727481	100.0 ppm	66727482	100.0 ppm
66727480	100.0 ppm	66727483	100.0 ppm

Analytical Method: NMR

ISO 17025:2017 A2LA accredited. Certificate Number 2017.05
 ISO 17025:2017 A2LA accredited. Certificate Number 2022.07

Approved for Release: *[Signature]*
 Neil Thurman

ISO 17025:2017 A2LA accredited. Certificate Number 2017.05
 ISO 17025:2017 A2LA accredited. Certificate Number 2022.07



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ALCOHOL PROGRAMS



PERMIT
TYPE II

JORDAN RAYNE

is hereby authorized to manufacture and sell for use as beverage, wine, malted beverage, brewed malt beverage, distilled spirits, and other alcoholic beverages and to sell the same to the general public for use as beverage.

ALCO-SENSOR IV WITH PRINTER, INFOK UNIT

for the determination of the alcoholic content of samples of wine, malted beverage, brewed malt beverage, distilled spirits, and other alcoholic beverages.

DATE PERMITTED _____
 COUNTY _____
 COUNTY _____
 COUNTY _____

Jordan Payne

David M. Johnson

 DEPARTMENT OF HEALTH AND SENIOR SERVICES

