



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 104642 | NAME OF AGENCY O'Fallon PD | DATE OF INSPECTION 9-14-2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO | | TIME OF INSPECTION 1808 |

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.

| |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY |
| <input checked="" type="checkbox"/> 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, Inc.</u> | LOT # <u>AG310305</u> EXP. DATE <u>04-13-2025</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)

| |
|---|
| <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE |

| | | |
|----------------------|----------------------|----------------------|
| TEST 1 ← .079 | TEST 2 ← .079 | TEST 3 ← .078 |
|----------------------|----------------------|----------------------|

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) 1 | (OVER .19) 0 |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

N/A

| | |
|---|---|
| INSPECTING OFFICER | |
| SIGNATURE <i>Chris Sinnokrak</i> | PRINT NAME Chris Sinnokrak |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220271 / 12-14-2024 | TELEPHONE NUMBER (636)240-3200 |

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: 104642
Version no: 532B

TEST RECORD 01090

Temp Date Time ^{g/} 210L

Air Blank:
09/14/23 18:09 .000
Calibration Check:
22 09/14/23 18:09 .079

Subject Name
TEST 1
Subject I.D.

Operator Name, I.D.
SINNOKIRAE 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01091

Temp Date Time ^{g/} 210L

Air Blank:
09/14/23 18:11 .000
Calibration Check:
23 09/14/23 18:11 .079

Subject Name
TEST 2
Subject I.D.

Operator Name, I.D.
SINNOKIRAE 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01092

Temp Date Time ^{g/} 210L

Air Blank:
09/14/23 18:12 .000
Calibration Check:
24 09/14/23 18:12 .078

Subject Name
TEST 3
Subject I.D.

Operator Name, I.D.
SINNOKIRAE 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01093

Temp Date Time ^{g/} 210L

VOID: RFI
12 09/14/23 18:14

Subject Name
RFI
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01094

Temp Date Time ^{g/} 210L

Air Blank:
09/14/23 18:16 .000
Subject Test: Auto
25 09/14/23 18:16 .000

Subject Name
SOBER TEST
Subject I.D.

Operator Name, I.D.

Location



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: 18-Apr-2023

Lot # AG310305 Model 108

| | | | |
|--------------------------------|-------------------------|---|--|
| Exp Date 13-Apr-2025 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.080 ± 0.002 BrAC (218 ppm) |
|--------------------------------|-------------------------|---|--|


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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010562 | 104.2 ppm |
| EB0010561 | 103.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 253.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:04.19.2023 17:13

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**

CHRIS SINNOKRAK

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.

DATE 12/14/2022

NUMBER 220271

EXPIRES 12/14/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

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 SINNOKRAK, CHRIS
Permit No 220271
Date Issued 12/14/2022 **Date Expires** 12/14/2024

