



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 111058	NAME OF AGENCY WAYNE COUNTY SHERIFFS OFFICE	DATE OF INSPECTION 7-14-2023
LOCATION OF INSTRUMENT (STREET AND CITY) 100 MAPLE ST GREENVILLE, MO 63944		TIME OF INSPECTION 719

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 INTOXIMETERS	LOT # AG315201 EXP. DATE 06-01-2025
<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 • .098	TEST 2 • .098	TEST 3 • .098
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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)	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME D.J. ROBINSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 230109 / 5-30-2025	TELEPHONE NUMBER 573-224-3219

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: 111658
Version no: 532B

TEST RECORD 00042

Temp Date Time ^{a/} 210L

Air Blank:
07/14/23 07:19 .000
Calibration Check:
25 07/14/23 07:19 .098

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00043

Temp Date Time ^{a/} 210L

Air Blank:
07/14/23 07:20 .000
Calibration Check:
26 07/14/23 07:20 .090

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00044

Temp Date Time ^{a/} 210L

Air Blank:
07/14/23 07:22 .000
Calibration Check:
26 07/14/23 07:22 .098

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00045

Temp Date Time ^{a/} 210L

VOID: RFI
12 07/14/23 07:25

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00046

Temp Date Time ^{a/} 210L

Air Blank:
07/14/23 07:28 .000
Subject Test: Auto
27 07/14/23 07:28 .000

Subject Name

TEST

Subject I.D.

SELF

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO



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: 1-Jun-2023

Lot # AG315201 **Model** 108

Exp Date 1-Jun-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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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:06.01.2023 17:08

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

2

**PERMIT
TYPE II**

DONALD J. ROBINSON

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

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 5/30/2023

NUMBER 230109

EXPIRES 5/30/2025

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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 ROBINSON, DONALD
Permit No 230109
Date Issued 5/30/2023 Date Expires 5/30/2025

