



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 111745	PRINTER SN 09B.3589.503	DATE OF INSPECTION 06/02/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 W. Broadway Ashland	TIME OF INSPECTION 2:19 pm
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG305101 EXP. DATE 02/20/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 ● .077

TEST 2 ● .077

TEST 3 ● .076

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)	0
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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 Gabe Edwards
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220077 / 03-09-2024	TELEPHONE NUMBER (573) 657-9062
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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

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00234 %/
Temp Date Time 210L

Air Blank:
06/02/23 14:19 .000
Calibration Check:
20 06/02/23 14:19 .077

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location

101 W. Broadway
Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00235 %/
Temp Date Time 210L

Air Blank:
06/02/23 14:20 .000
Calibration Check:
21 06/02/23 14:20 .077

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location

101 W. Broadway
Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00236 %/
Temp Date Time 210L

Air Blank:
06/02/23 14:22 .000
Calibration Check:
21 06/02/23 14:22 .076

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location

101 W. Broadway
Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00238 %/
Temp Date Time 210L

VOID: RFI
12 06/02/23 14:23

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location

101 W. Broadway
Ashland



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

GABRIEL A EDWARDS

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 DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 57.062 through 57.041, RSMo and 568.11 through 568.119, RSMo.

DATE 3/9/2022
 NUMBER 240077
 EXPIRES 3/9/2024
 MISSOURI 18-02

Gabriel A. Edwards
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas J. Richards
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Alphas 100A (U.S. A-40)
 2000 Barnard Street
 St. Louis, Mo. 63103
 U.S.A. Phone: 314-353-7288
 Fax: (314) 353-7288



Certificate of Analysis

Test Date: 20-Feb-2023

Customer Name
 Environmental
 Instrumentation, Inc.
 811 Craig Road
 St. Louis, Mo. 63146

Lot # AG305101 Model 108

Exp. Date: 20-Feb-2025
 Cyl. Type: 108
 Component: Nitrogen
 Certified Concentration: 0.000 ± 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	324.8 ppm	EB0010583	322.8 ppm
EB0010285	218.0 ppm	EB0010582	104.2 ppm
EB0010581	103.7 ppm	EB0010579	52.94 ppm
EB0010581	52.4 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727491	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Approved for Release: *Gabriel Edwards*
 For Missouri

ISO 17025:2017 A2LA accredited. Certificate Number 3062.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3062.07

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 INSTRUMENT OPERATOR CARD

The current cardholder is authorized to operate an instrument from 6/20/22 to 6/20/24.

Operator Name: EDWARDS, GABRIEL
 Permit No: 200077 Date Expires: 3/9/2024