



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

By Tracy Crews at 7:59 am, Apr 22, 2024

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|--|---|----------------------------------|
| ALCO SENSOR IV SN 030800 | NAME OF AGENCY Jefferson County Sheriff's Office | DATE OF INSPECTION 04/20/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street Hillsboro, MO 63050 | | TIME OF INSPECTION 1806 |

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>AG305902</u> EXP. DATE <u>02/28/2025</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)

- 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 ← .097 | TEST 2 ← .097 | TEST 3 ← .098 |
|----------------------|----------------------|----------------------|

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) | (OVER .19) |
|----------|---------|-----------|-----------|-----------|------------|

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 Zachary Reed #810 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230236 10/31/2025 | TELEPHONE NUMBER (636) 797-5000 |

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: 030800
Version no: 532B

TEST RECORD 00314

Temp Date Time ^{g/} 210L

Air Blank:
04/20/24 18:07 .000
Calibration Check:
23 04/20/24 18:07 .097

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Reed 230236
Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00315

Temp Date Time ^{g/} 210L

Air Blank:
04/20/24 18:09 .000
Calibration Check:
24 04/20/24 18:09 .097

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Reed 230236
Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00316

Temp Date Time ^{g/} 210L

Air Blank:
04/20/24 18:12 .000
Calibration Check:
24 04/20/24 18:12 .098

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Reed 230236
Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00317

Temp Date Time ^{g/} 210L

VOID: RFI
12 04/20/24 18:13

Subject Name

Test 4 RFI
Subject I.D.

Operator Name, I.D.

Reed 230236
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: 28-Feb-2023

Lot # AG305902 Model 108

| | | | |
|-------------------------|------------------|----------------------------------|--|
| Exp Date 28-Feb-2025 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (272 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: 03.01.2023 17:25

Approved for Release: Rod Marsala
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07