## **RECEIVED**

By Tracy Crews at 8:00 am, Sep 04, 2020



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<br>Send copy to Department of Heal  |   |   |   |   | ver instrument is repaired.   |  |  |
|---|---|---|---|---|-------------------------------|--|--|
| ALCO SENSOR IV SN<br>030788   | <del></del>                                       | PRINTER SN 093.3567.011   |   | DATE OF 09/03                           | INSPECTION<br>/2020           |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY)  Jefferson County Sheriff's Office, 410 First Street, Hillsboro, N                             |   |   | 10 63050  | TIME OF 6:10                            | INSPECTION<br>OM              |  |  |
| CHECKLIST: Place a mark in the  |   |   |   | ng within established lim               | nits. (Write in observed val- |  |  |
| ues where determined.) Unmarke  |   |   | sing instrument.  |   |                               |  |  |
| DIGITAL READOUT (ALL EL   | EMENTS O  | PERATIONAL)   |   |   |                               |  |  |
| ▼ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)  |   |   |   |   |                               |  |  |
| PRINTER WORKING PROPERLY  |   |   |   |   |                               |  |  |
| ☐ TIME AND DATE DISPLAYING PROPERLY   |   |   |   |   |                               |  |  |
| BREATH ALCOHOL ACCURACY   | Y STANDAF   | RDS   |   |   |                               |  |  |
| ☐ SIMULATOR SOLUTION  | SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE |   |   |   |                               |  |  |
| STANDARD SUPPLIER Intoximeter L   |   |   | OT # AG912204 EXP. DATE 05/02/2021                            |   |                               |  |  |
| SIMULATOR TEMPERATUR  | E (34°C ± 0                                       | 0.2°C) SIMU   | ULATOR SN   | SIMULATOR I                             | EXP DATE                      |  |  |
| Run three tests using a stand less. Check the box correspond 0.100% STANDARD - M 0.080% STANDARD - M 0.040% STANDARD - M                | nding to the<br>IUST READ<br>IUST READ            | standard solution being<br>BETWEEN 0.095% and<br>BETWEEN 0.076% and | used. (PRINTOUT A<br>d 0.105% INCLUSIVI<br>d 0.084% INCLUSIVI | ATTACHED)<br>E<br>E                     | t have a spread of .005 or    |  |  |
| TEST 1 ▼ .100   |   | TEST 2 ▼ .100   |   | TEST 3 	■ .099                          |                               |  |  |
| RFI DETECTOR OPERATING  | à   |   |   |   |                               |  |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) |   |   |   |   |                               |  |  |
| REFUSALS (004)  |   | (.0509)   | (.1014)   | (.1519)                                 | (OVER .19)                    |  |  |
| List any new parts and describe established limits (use other side  |   | on or modification that w   | 13  |   |                               |  |  |
| INSPECTING OFFICER  |   | and a least second at the are                                       |   |   |                               |  |  |
| SIGNATURE   |   | 29  |   | PRINT NAME<br>Deputy Nicholas Gamm #549 |                               |  |  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200190 / 06/22/2022   |   | TELEPHONE NUMBER (636) 797-5000                                     |   | TELEPHONE NUMBER                        |                               |  |  |
| Return completed report to the  | 2875 Jan  | lcohol Program, MO Dep<br>nes Boulevard<br>luff, MO 63901           | partment of Health a  | nd Senior Services, Sou                 | theast District Office        |  |  |

AS IV Serial no: 030798 Version no: 532B TEST RECORD - REPRINT TEST RECORD 00349 Temp Date Time 210L Air Blank: 09/03/20 18:23 .000 Calibration Check: 28 09/03/20 18:23 .100 Subject Name Operator Name, I.D. Location AS IV Serial no: 030788 Version no: 532B TEST RECORD 00352 97 Temp Date Time 210L UOID: RFI 12 09/03/20 18:30 Subject Name Subject I.D. Operator Name, I.D.

AS IV Serial no: 030788 AS IV Serial no: 030788 Version no: 532B TEST RECORD 00350 Temp Date Time 210L NOT THE THE WAR MADE AND AND THE WAS THE WAY WAS Air Blank: 09/03/20 18:26 .000 Calibration Check: 24 09/03/20 18:26 .100 subject Name Subject 1.D. Operator Name, I.D. Location

Version no: 5328 TEST RECORD 00351 Temp Date Time 210L Air Blank: 09/03/20 18:29 .000 Calibration Check: 25 09/03/20 18:29 .099 Subject Name 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: 6-May-2019

Lot # AG912204 Model 108cacd

Exp. Date 2-May-2021 Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010595      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010681      | 52.12 ppm     | EB0010579      | 52.81 ppm     |
|                |               |                |               |
| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056662        | 150.2 ppm     |

Analytical Method:

**NDIR** 

Digitally signed by Quanty Control Date 2019 05 17 12 35 24 -05 00 Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab)

Approved for Release:

Pod Marcala

Rod Marsala

ISO 17025:2005 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

### **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 GAMM, NICHOLAS Permit No 200190 Date Issued 6/26/2020 Date Expires 6/26/2022

