

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

By Tracy Crews at 9:38 am, Oct 01, 2020

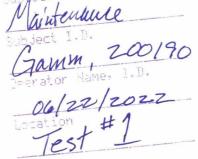
REPORT #7

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 030788			The second	DATE OF INSPECTION 09/30/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) Jefferson County Sheriff's Office, 410 First Street, Hillsboro, MO 63050			TIME OF 8:55	INSPECTION			
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.							
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
TIME AND DATE DISPLAYING PROPE	RLY						
BREATH ALCOHOL ACCURACY STANDA	RDS						
SIMULATOR SOLUTION			D ETHANOL-GAS MIXT	URE			
STANDARD SUPPLIER Intoximeter	L	OT # AG912204	EXP. DATE 05/02/	2021			
SIMULATOR TEMPERATURE (34°C ±	0.2°C) SIM	ULATOR SN	SIMULATOR E	EXP DATE			
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) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image: Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) Image:							
TEST 1 🖝 .099	TEST 2 🖝 .099		TEST 3 🖝 .099				
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 (004)	(.0509)	(.1014)	(.1519)	(OVER .19)			
List any new parts and describe any alterat established limits (use other side if necessar		vas made to restore t	the instrument to opera	te satisfactorily and within			
			PRINT NAME				
· 10, 549		Deputy Nicholas Gamm #549					
TYPE # PERMIT NUMBER/EXPIRATION DATE 200190 / 06/22/2022			TELEPHONE NUMBER (636) 797-5000				
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: 030738 Version no: 5328 TEST RECORD 00360 (9/ Temp Date Time 210L Air Blank: 09/30/20 21:10 .000 Calibration Check: 26 09/30/20 21:10 .000 Subject Name

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AS IV Serial no: 030788 Version no: 5328 TEST RECORD 00361 9/ Temp Date Time 210L Air Blank; 09/30/20 21:12 .000 Calibration Check; 27 09/30/20 21:12 .000

Subject Name

Wbject L.D.

Deerator Name, I.D.

Location Test #

	Serial on no:		0788
TES	ST RECO	RD 003	62 s/
Tene	Date	Time	ZXØL
	9/30/20		.009
Calib 27 0	ration 9/30/20	Check: 21:14	.099

9.5 ject Name

Subject 1.D.

Deerator Name, 1.D.

AS IV Serial no: 030788 Version no: 5328

TEST RECORD 00363

Temp Date Time 210L VOID: RFI 12 09/30/20 21:16

Subject Name

Subject 1.0.

Deerator Name, 1.D.



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph. (314) 533-3100 Fax. (314) 533-7328

Certificate of Analysis

Customer Name

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Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo. 63146 Test Date: 6-May-2019

Lot # AG912204 Model 108cacd

Exp. DateCyl. TypeComponentCertified Concentration2 -May-2021108Ethanol0.100 ± 2% BrAC (272 ppm)NitrogenBalance

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 Ociality Control Date: 2019 05 17 12 35 24 -05 00 Reason: Dry gas stanuard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rol Marsala

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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