



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 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 030809	PRINTER SN 84.9324.042	DATE OF INSPECTION 04/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 12:38 pm

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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 Inc.</u> LOT # <u>AG925509</u> EXP. DATE <u>06/22/2022</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 ← .098	TEST 2 ← .098	TEST 3 ← .097
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 <i>PO Enes Gracanin 599</i>	PRINT NAME Enes Gracanin
TYPE II PERMIT NUMBER/EXPIRATION DATE 200050 01/10/2022	TELEPHONE NUMBER (314) 428-1221

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: 030809
Version no: 532B

TEST RECORD 01133

s/

Temp Date Time 210L

Air Blank:

04/01/20 12:38 .000

Calibration Check:

20 04/01/20 12:38 .098

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01134

s/

Temp Date Time 210L

Air Blank:

04/01/20 12:39 .000

Calibration Check:

21 04/01/20 12:39 .098

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01135

s/

Temp Date Time 210L

Air Blank:

04/01/20 12:41 .000

Calibration Check:

23 04/01/20 12:41 .097

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01136

s/

Temp Date Time 210L

UO1D: RFI

12 04/01/20 12:43

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Location



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

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PERMIT
TYPE II
ENES GRACANIN

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 EC/IR II

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 1/10/2020

NUMBER 200050

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 GRACANIN, ENES
 Permit No 200050
 Date Issued 1/10/2020 Date Expires 1/10/2022



CERTIFICATE OF ANALYSIS

Grade of Product: EPA Protocol

Part Number:	E02NI99E15A0117	Reference Number:	160-401526342-1
Cylinder Number:	7	Cylinder Volume:	144.4 Cubic Feet
Laboratory:	124 - Plumsteadville - PA	Cylinder Pressure:	2015 PSIG
PGVP Number:	A12019	Valve Outlet:	330
Gas Code:	H2S,BALN	Certification Date:	Jun 12, 2019

Expiration Date: Jun 12, 2022

Certification performed in accordance with "EPA Traceability Protocol for Assay and Certification of Gaseous Calibration Standards (May 2012)" document EPA 600/R-12/531, using the assay procedures listed. Analytical Methodology does not require correction for analytical interference. This cylinder has a total analytical uncertainty as stated below with a confidence level of 95%. There are no significant impurities which affect the use of this calibration mixture. All concentrations are on a volume/volume basis unless otherwise noted.

Do Not Use This Cylinder below 100 psig, i.e. 0.7 megapascals.

ANALYTICAL RESULTS					
Component	Requested Concentration	Actual Concentration	Protocol Method	Total Relative Uncertainty	Assay Dates
HYDROGEN SULFIDE	240.0 PPM	240.0 PPM	G1	+/- 2%	06/12/2019, 06/12/2019
NITROGEN	Balance			-	

CALIBRATION STANDARDS					
Type	Lot ID	Cylinder No	Concentration	Uncertainty	Expiration Date
GMIS	12346	CC207769	311.3 PPM HYDROGEN SULFIDE/NITROGEN	+/- 0.6%	Sep 21, 2019
RGM	12346	CC281664	298.2 PPM HYDROGEN SULFIDE/NITROGEN	+/- 0.5%	Nov 12, 2017

The SRM, PRM or RGM noted above is only in reference to the GMIS used in the assay and not part of the analysis.

ANALYTICAL EQUIPMENT		
Instrument/Make/Model	Analytical Principle	Last Multipoint Calibration
AMETEK 92E-921-S411	NDUV	Jun 03, 2019

Triad Data Available Upon Request



Signature on file
Approved for Release