

**RECEIVED**

By Stephen Wilson at 1:13 pm, Jun 01, 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 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 06/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 10:19 am

**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, INC. LOT # AG925509 EXP. DATE 05/12/2021 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 .098

TEST 2 .097

TEST 3 .097

 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

PRINT NAME  
ENES GRACANINTYPE II PERMIT NUMBER/EXPIRATION DATE  
200050 01/10/2022TELEPHONE 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 IU Serial no: 030809  
Version no: 532B

TEST RECORD 01170

Temp Date Time 210L s/

Air Blank: 06/01/20 10:25 .000  
Calibration Check: 23 06/01/20 10:25 .098

Subject Name Test # 1  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

Test 1

AS IU Serial no: 030809  
Version no: 532B

TEST RECORD 01171

Temp Date Time 210L s/

Air Blank: 06/01/20 10:27 .000  
Calibration Check: 24 06/01/20 10:27 .097

Subject Name Test # 2  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

AS IU Serial no: 030809  
Version no: 532B

TEST RECORD 01172

Temp Date Time 210L s/

Air Blank: 06/01/20 10:28 .000  
Calibration Check: 25 06/01/20 10:28 .097

Subject Name Test # 3  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

AS IU Serial no: 030809  
Version no: 532B

TEST RECORD 01173

Temp Date Time 210L s/

VOID: RFI  
12 06/01/20 10:30

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

R.F.I Test



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

2

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200050

EXPIRES 1/10/2022

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



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Signature on file  
Approved for Release