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By: Tracy Crowe at 8:39 am, 9/19/21



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 031393	PRINTER SN 08C.3527.093	DATE OF INSPECTION 09/19/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD/ 101 SHERIFF DIERKER COURT, OFALLON, MO 63366		TIME OF INSPECTION 8:25 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</u>	LOT # <u>AG003405</u> EXP. DATE <u>10/02/2021</u>
<input type="checkbox"/> 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" 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 0.084	TEST 2 0.083	TEST 3 0.083
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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) 1	(.10-.14) 1	(.15-.19) 1	(OVER .19) 2
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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 MIKE JOHNSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 200198 / 07-08-2022	TELEPHONE NUMBER (636) 949-3000

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: 031393
Version no: 532C

TEST RECORD 00236

Temp Date Time ^{9/} 210L

Air Blank:
09/19/20 20:24 .000
Calibration Check:
28 09/19/20 20:24 .084

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

~~P.A. 663~~ 200198

Location

SCCPD

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00237

Temp Date Time ^{9/} 210L

Air Blank:
09/19/20 20:25 .000
Calibration Check:
28 09/19/20 20:25 .083

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

~~P.A. 663~~ 200198

Location

SCCPD

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00238

Temp Date Time ^{9/} 210L

Air Blank:
09/19/20 20:27 .000
Calibration Check:
28 09/19/20 20:27 .083

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

~~P.A. 663~~ 200198

Location

SCCPD

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00239

Temp Date Time ^{9/} 210L

VOID: RFI
12 09/19/20 20:28

Subject Name

Test Void

Subject I.D.

RFI

Operator Name, I.D.

~~P.A. 663~~ 200198

Location

SCCPD

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00240

Temp Date Time ^{9/} 210L

Air Blank:
09/19/20 20:30 .000
Subject Test: Auto
29 09/19/20 20:30 .000

Subject Name

Self Test

Subject I.D.

Operator Name, I.D.

~~P.A. 663~~ 200198

Location

SCCPD



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-Feb-2020

Lot # AG003405 Model 34cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Oct-2021	34	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.02.06 12:36:25 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

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

2

**PERMIT
 TYPE II**

MIKE JOHNSON

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

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 7/8/2020

NUMBER 200198

EXPIRES 7/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 JOHNSON, MIKE
Permit No 200198
Date Issued 7/8/2020 **Date Expires** 7/8/2022