



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 034874	PRINTER SN 096.3580.926	DATE OF INSPECTION 11/24/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 6:13 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG824102</u> EXP. DATE <u>08/29/2020</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)

- 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 ➔ .083	TEST 2 ➔ .082	TEST 3 ➔ .082
---------------	---------------	---------------

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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>Pad</i> 603	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: 034874  
Version no: 532C

TEST RECORD 00081

Temp Date Time 210L s/

Air Blank:  
11/24/20 06:13 .000  
Calibration Check:  
21 11/24/20 06:13 .083

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00082

Temp Date Time 210L s/

Air Blank:  
11/24/20 06:14 .000  
Calibration Check:  
22 11/24/20 06:14 .082

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00083

Temp Date Time 210L s/

Air Blank:  
11/24/20 06:15 .000  
Calibration Check:  
23 11/24/20 06:15 .082

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00084

Temp Date Time 210L s/

VOID: REI  
12 11/24/20 06:17

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00085

Temp Date Time 210L s/

Air Blank:  
11/24/20 06:18 .000  
Subject Test: Auto  
24 11/24/20 06:18 .000

Subject Name

Self-Test

Subject I.D.

Operator Name, I.D.

P.O. Johnson 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 34cacc**

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



**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

