

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

The state of the s		
Complete this report in duplicate at the time o Send copy to Department of Health and Senio		ance check, and whenever instrument is repaired.
ALCO SENSOR IV SN 042311	PRINTER SN 099.3586.572	DATE OF INSPECTION 08/22/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 10:52 am
·		ng within established limits. (Write in observed val-
ues 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 STANDAR	DS	
SIMULATOR SOLUTION	☑ COMPRESSE	D ETHANOL-GAS MIXTURE
STANDARD SUPPLIER Intoximeters	LOT # AG824102	EXP. DATE <u>08/29/2020</u>
SIMULATOR TEMPERATURE (34°C ± 0.1	2°C) SIMULATOR SN	SIMULATOR EXP DATE
less. Check the box corresponding to the s 0.100% STANDARD - MUST READ I 0.080% STANDARD - MUST READ I	. All three tests must be within ±5% of the s standard solution being used. (PRINTOUT A BETWEEN 0.095% and 0.105% INCLUSIVE BETWEEN 0.076% and 0.084% INCLUSIVE BETWEEN 0.038% and 0.042% INCLUSIVE	
TEST 1 ▼ .079	TEST 2 ■ .079	TEST 3 ▼ .079
☑ RFI DETECTOR OPERATING		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)		
	P 1	1
REFUSALS 0 (004) 0	(.0509) 0 (.1014) 0	(.1519) 0 (OVER .19) 0
established limits (use other side if necessary)		the instrument to operate satisfactorily and within
established lithits (use other side if necessary))·	
		,et
and the second s		
INSPECTING OFFICER	A street of the	The Property of State
SIGNATURE SENTIO 676	Epidemiona som ong a constitution of the const	PRINT NAME Scott Ronald
TYPE II PERMIT NUMBER/EXPIRATION DATE 200202 / July 8, 2022		TELEPHONE NUMBER (636) 949-3000
2875 Jam	cohol Program, MO Department of Health and es Boulevard uff, MO 63901	nd Senior Services, Southeast District Office

AITU88.

ETILGILA MISTORIA (03,00) (30,00) (30,00)

Certificate at a later

Customer Name

Dictisive Supplier
Intoxinators, Inc.
2051 Gray Road

St. Louis, Mo 65146

18 Aug 2018

Lot# AG824102 Model July

Eto Date CVI Type Component Consentation
29-Aug-2020 108 Eliana Eliana Instrucció pon

Cardification Traceable to N.L.S.T. RGM Ethanol Standards:

| Section | No. | Concentration | Section | Se

Analytical Method: NDR

Chief Strain Court Court

Approved for Release:

April Mayola Roll Marsala

ISO 17025:2005 A2LA accreditéd. Cartificate Namber 3012.06



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

SCOTT RONALD

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.

DATE7/8/2020	want
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200202	
EXPIRES 7/8/2022	El Ville
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	1.45.4.75

MO 580-0771 (6-10)

LAB-4 (R6-10)



AS IV Serial no: 042311 Version no: 5320 TEST RECORD 00109 9/ Temp Date Time 210L Air Blank: 08/22/20 10:54 .000 Calibration Check: 25 08/22/20 10:54 .0**79** Subject Name EST Subject I.D. Operator Name, I.D. 200202 Location SCCPA

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00108

Temp Date Time 210L

Air Blank: 08/22/20 10:52 .000
Calibration Check: 24 08/22/20 10:52 .079

Subject Name

TEST

Subject I.D.

Operator Name, I.D.

500000

SCCPA

Location

AS IV Serial no: 042311 Version no: 5320 TEST RECORD 00110 Temp Date Time 210L Air Blank: 08/22/20 10:55 .000 Calibration Check: 26 08/22/20 10:55 .079 Subject Name TEST Subject I.D. #3 Operator Name, I.D. SAMOGRE Zaren

AS IV Serial no: 042311 Version no: 532C

TEST RECORD 00111

Temp Date Time 210L

VOID: RFI 12 08/22/20 10:56

Subject Name

VEST VOID

Subject I.D.

RFI

Operator Name, I.D.

200000

2001cr

Location

SCCPD

AS IV Serial no: 042311 Version no: 532C

TEST RECORD 00112

Temp Date Time 210L

Air Blank: 08/22/20 10:57 .000 Subject Test: Auto

26 08/22/20 10:57 .000

Subject Name

SECF

Subject I.D.

TEST

Operator Name, I.D.

Somo roma

Location

SCEPD