By Tracy Crews at 8:33 am, Sep 21, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Maccexx							
Complete this report in c Send copy to Departmen	duplicate at the time at of Health and Ser	of the regular monthly placed ior Services; retain original	preventative mainten nal in department file	ance check, and whene	ver instrument is repaired.		
ALCO SENSOR IV SN 043580		PRINTER SN 84.9324.045		DATE OF 09/20	INSPECTION /2020		
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 SHERIFF DIERKER COURT, OFALLON, N			33366	TIME OF 1:35 a	INSPECTION		
CHECKLIST: Place a ma	ark in the box by each	ch item if found to be sat	isfactory or if operati	ng within established lim	its. (Write in observed val-		
ues where determined.)			sing instrument.				
DIGITAL READOUT							
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
PRINTER WORKING	PRINTER WORKING PROPERLY						
✓ TIME AND DATE DI	SPLAYING PROPE	RLY					
BREATH ALCOHOL AC	CURACY STANDA	RDS					
☐ SIMULATOR SOLU	TION		☑ COMPRESSE	☑ COMPRESSED ETHANOL-GAS MIXTURE			
☑ STANDARD SUPPL	IER INTOXIMETE	ERS L	OT # AG003405	EXP. DATE 10/03/2	2021		
☐ SIMULATOR TEMP	ERATURE (34°C ±	0.2°C) SIM	ULATOR SN	SIMULATOR E	EXP DATE		
✓ 0.080% STAND	ARD - MUST READ	D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and	d 0.084% INCLUSIV	E			
TEST 1 ☞ 0.080		TEST 2 0.080		TEST 3 ■ 0.080			
RFI DETECTOR OP	ERATING						
INDICATE THE NUMBE (DO NOT INCLUDE SEI			G RANGES SINCE	THE LAST MAINTENAM	NCE REPORT:		
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)		
	describe any alterat	on or modification that v			te satisfactorily and within		
INSPECTING OFFICER SIGNATURE	<i>=</i> {63			PRINT NAME MIKE JOHNSON			
TYPE II PERMIT NUMBER/EXPIRAT 200198 / 07-08-2022	TION DATE			TELEPHONE NUMBER (636) 949-3000			
Return completed repo	2875 Ja	ulcohol Program, MO De mes Boulevard Bluff, MO 63901	partment of Health a		theast District Office		
MO 580-1351 (6-10)		AN EQUAL OPPORTUNITY/AI	FEIRMATIVE ACTION EMPLOYER		I AR-114		



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

Exp. Date

3-Oct-2021

Cyl. Type

34

Nitrogen

Certified Concentration

0.082 ± 0.002 BrAC (223 ppm)

Balance

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

RGM Serial No.

EB0010581

EB0010570 EB0010285

EB0010561

EB0010681

CRM Serial No. CC434668 CC234503

Concentration

208.0 ppm

52.12 ppm

800.0 ppm 253.0 ppm

Component

Ethanol

392.1 ppm

259.8 ppm

103.6 ppm

Concentration

EB0010603 EB0010559

RGM Serial No.

EB0010595 EB0010562

EB0010579

CRM Serial No. 0056649 0056662

Concentration 393.0 ppm

258.2 ppm 208.3 ppm 104.2 ppm

52.81 ppm

Concentration 390.1 ppm 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:

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.

DATE7/8/2020	when		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200198			
EXPIRES 7/8/2022	for Willen		
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of ex

Operator JOHNSON, MIKE

Permit No 200198

Date Issued 7/8/2020 Date Expires 7/8/2022



AS IV Serial no: 043580 Version no: 532C TEST RECORD 00243 9/ Temp Date Time 210L	AS IV Serial no: 043580 Version no: 532C TEST RECORD 00244 9/ Temp Date Time 210L	AS IV Serial no: 043580 Version no: 532C TEST RECORD 00245 9/ Temp Date Time 210L
Air Blank: 09/20/20 01:22 .000 Calibration Check: 25 09/20/20 01:22 .080 Subject Name	Air Blank: 09/20/20 01:23 .000 Calibration Check: 26 09/20/20 01:23 .080	Air Blank: 09/20/20 01:24 .000 Calibration Check: 26 09/20/20 01:24 .080 Subject Name
Fest Subject I.D. #12 Operator Name, I.D.	Test #2 Subject I.D. P.O. Johnson 200198	Test #3 Subject I.D. R.O.Johnson 200198
Calchison 200148	Operator Name, I.D.	Operator Name, I.D.
Location SccPO	SCLRO	Location 500
AS IV Serial no: 043580 Version no: 532C TEST RECORD 00246 9/ Temp Date Time 210L	Version no: TEST RECO Temp Date	1 no: 043580 532C ORD 00247 9/ Time 210L
VOID: RFI 12 09/20/20 01:26 Subject Name	Subject Test 27 09/20/20 Subject Name	0 01:27 .000
Operator Name, I.D. factory Location Scape	Subject I.B. f.a.Johnson Location	