



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 8:29 am, Feb 19, 2020

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 062087	PRINTER SN 03A.2436.034	DATE OF INSPECTION 02/12/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court	TIME OF INSPECTION 3:13 am
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**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) *23*
- 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>AG805203</u> EXP. DATE <u>02/21/2020</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 <i>☛</i> .101	TEST 2 <i>☛</i> .101	TEST 3 <i>☛</i> .101
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	0
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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).

Instrument meets all DOHSS standards and guidelines.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i> #32	PRINT NAME C. Love #32
TYPE II PERMIT NUMBER/EXPIRATION DATE 280218 06/27/2020	TELEPHONE NUMBER (816) 795-1960

**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: 062087  
Version no: 532B

TEST RECORD 00872

Temp Date Time 210L <sup>9/</sup>

Air Blank: 02/12/20 02:50 .000  
Calibration Check: 22 02/12/20 02:50 .101

Subject Name

Monthly Maint

Subject I.D.

Operator Name, I.D.

LOVE 280218

Location

JCSO GHA

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 00873

Temp Date Time 210L <sup>9/</sup>

Air Blank: 02/12/20 02:53 .000  
Calibration Check: 23 02/12/20 02:53 .101

Subject Name

Monthly Maint

Subject I.D.

Operator Name, I.D.

LOVE 280218

Location

JCSO GHA

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 00874

Temp Date Time 210L <sup>9/</sup>

Air Blank: 02/12/20 02:56 .000  
Calibration Check: 24 02/12/20 02:56 .101

Subject Name

Monthly Maint

Subject I.D.

Operator Name, I.D.

LOVE 280218

Location

JCSO GHA

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 00875

Temp Date Time 210L <sup>9/</sup>

VOID: RFI  
12 02/12/20 02:58

Subject Name

Monthly Maint

Subject I.D.

Operator Name, I.D.

LOVE 280218

Location

JCSO GHA



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:** 26-Feb-2018

**Lot # AG805203 Model 108cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
21-Feb-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

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

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2018.02.26 10:16:13 -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 2989.01**



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



**PERMIT**  
**TYPE II**  
**COLLIN A LOVE**

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 6/27/2018

NUMBER 280218

EXPIRES 6/27/2020

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 LOVE, COLLIN  
 Permit No 280218  
 Date Issued 6/27/2018    Date Expires 6/27/2020