



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

**RECEIVED**

By Tracy Crews at 10:14 am, May 07, 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 070763	PRINTER SN 083C.3556.249	DATE OF INSPECTION 05/06/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 8 Municipal, Park Hills, MO.		TIME OF INSPECTION 2:40 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.

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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeter INC. LOT # AG919602 EXP. DATE 07/15/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) N/A SIMULATOR SN N/A 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 ➔ .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)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.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).

This instrument is operating properly

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Todd Inerra

TYPE II PERMIT NUMBER/EXPIRATION DATE  
280288

TELEPHONE NUMBER  
(573) 431-3122

**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: 070763  
Version no: 532B

TEST RECORD 00722

Temp Date Time 210L

Air Blank:  
05/06/20 14:40 .000  
Calibration Check:  
23 05/06/20 14:40 .079

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00723

Temp Date Time 210L

Air Blank:  
05/06/20 14:42 .000  
Calibration Check:  
24 05/06/20 14:42 .079

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00724

Temp Date Time 210L

Air Blank:  
05/06/20 14:43 .000  
Calibration Check:  
24 05/06/20 14:43 .079

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00725

Temp Date Time 210L

VOID: RFI  
12 05/06/20 14:44

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00726

Temp Date Time 210L

Air Blank:  
05/06/20 14:46 .000  
Subject Test: Auto  
25 05/06/20 14:46 .000

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location



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:** 16-Jul-2019

**Lot #** AG919602 **Model** 108cacd

**Exp. Date**

15-Jul-2021

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.080 ± 0.002 BrAC (218 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

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



**PERMIT**  
**TYPE II**  
**TODD D INSERRA**

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 10/4/2018

NUMBER 280288

EXPIRES 10/4/2020

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** INSERRA, TODD  
**Permit No** 280288  
**Date Issued** 10/4/2018 **Date Expires** 10/4/2020

