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By Tracy Crews at 9:31 am, Dec 14, 2020



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 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 12/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 107 W Main Street, Smithville MO 64089		TIME OF INSPECTION 10:11 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG808602 EXP. DATE 03/27/2020
- 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 ← .097	TEST 2 ← .096	TEST 3 ← .097
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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	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).

Calibration was performed. calibrated to .097 as recommended for local altitude.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Norma Lorenzo
TYPE II PERMIT NUMBER/EXPIRATION DATE 290133 06/21/2021	TELEPHONE NUMBER (816) 532-0500

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: 087969
Version no: 004C

TEST RECORD 01593

Temp Date Time ^{s/} 210L

Air Blank:
12/13/20 10:35 .000
Calibration:
24 12/13/20 10:35 .097

Subject Name

TEST / CALIBRATION

Subject I.D.

Operator Name, I.D.

Norma Lorenzo ²⁹⁰¹³³ 6/21/2021

Location

107 W MAIN ST

SMITHVILLE MO

64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01597

Temp Date Time ^{s/} 210L

Void: RFI
12 12/13/20 10:44

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

Norma Lorenzo ²⁹⁰¹³³ 6/21/2021

Location

107 W Main St

SMITHVILLE MO

64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01594

Temp Date Time ^{s/} 210L

Air Blank:
12/13/20 10:38 .000
Calibration Check:
24 12/13/20 10:38 .097

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

Norma Lorenzo ²⁹⁰¹³³ 6/21/2021

Location

107 W Main St

SMITHVILLE MO

64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01595

Temp Date Time ^{s/} 210L

Air Blank:
12/13/20 10:40 .000
Calibration Check:
24 12/13/20 10:40 .096

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

Norma Lorenzo ²⁹⁰¹³³ 6/21/2021

Location

107 W Main St

SMITHVILLE MO

64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01596

Temp Date Time ^{s/} 210L

Air Blank:
12/13/20 10:42 .000
Calibration Check:
25 12/13/20 10:42 .097

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

Norma Lorenzo ²⁹⁰¹³³ 6/21/2021

Location

107 W Main St

SMITHVILLE MO

64089



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: 14-Nov-2019

Lot # AG931703 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
13-Nov-2021	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2019.11.18 13:46:50 -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 3082.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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

2

**PERMIT
 TYPE II**

NORMA LORENZO

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, INTOX EC/IR II

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 6/21/2019

NUMBER 290133

EXPIRES 6/21/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-10)