



### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A STATE OF THE PARTY OF THE PAR				
Complete this report in duplicate at the time Send copy to Department of Health and Ser	of the regular monthly p lior Services; retain origin	reventative mainten nal in department file	ance check, and whe	never instrument is repaired.
ALCO SENSOR IV SN 097430	PRINTER SN 096.3580.928			OF INSPECTION 08-20
LOCATION OF INSTRUMENT (STREET AND CITY) Harrisonville PD 205 N. Lexington Harri	sonville		TIME (	OF INSPECTION 9
CHECKLIST: Place a mark in the box by each	ch item if found to be sati	sfactory or if operation	ng within established	imits. (Write in observed val-
ues where determined.) Unmarked items mu	ist be corrected before us	sing instrument,		
☑ DIGITAL READOUT (ALL ELEMENTS (	OPERATIONAL)			
▼ TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)			
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPE				
BREATH ALCOHOL ACCURACY STANDA	RDS			
SIMULATOR SOLUTION		☑ COMPRESSE	D ETHANOL-GAS MI	XTURE
STANDARD SUPPLIER Intoximeters	L(	OT # AG911506	EXP. DATE 04-2	5-21
SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) SIMU	JLATOR SN	SIMULATOR	R EXP DATE
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE	ATTACHED) E E	ast have a spread of .003 of
TEST 1   ■ .079	TEST 2077		TEST 3 🕶 .078	
☑ RFI DETECTOR OPERATING				75
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWING	G RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:
REFUSALS 0 (004) 0	(25.22) 0	0		
REFUSALS 0 (004) 0 (.0509) 0 (.1014) 0 (.1519) 0 (OVER .19) 0 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).				
INSPECTING OFFICER				
SIGNATURE	February (SMINDS (A)		PRINT NAME	
Michael Davis				
TYPE II PERMIT NUMBER/EXPIRATION DATE  280238 08-17-20			TELEPHONE NUMBER (816) 380-8940	
2875 Jar	lcohol Program, MO Dep nes Boulevard luff, MO 63901	artment of Health ar		outheast District Office

#### BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV WITH PRINTER

		FOF	TIVI #E
JBJECT'S NAME		DATE OF TEST	
TEST		08 08 70	
OPERATIONAL CHECKL ALCO-SENSOR SERIAL NO.	The state of the s		
	PRINTER SERIAL NO.	LOCATION OF INSTRUMENT	
097430	014,5530.928	HARRISONVILLE P	כנ
be present, the su		r substance is observed or indicat r indicated must be removed pri od.	
2. Subject observed fo No smoking, oral in over with 15 minute		by DAVIS ring this time; if vomiting occurs,	start
3. Make sure printer is	s connected to Alco-S	Sensor IV.	
2 4. Turn printer on.			
5. Insert mouthpiece in	nto Alco-Sensor IV.		
6. Observe temperatu and 40°C.	re display, make sure	e temperature reading is between	10°C
7. When "BLNK" is dis	played on Alco-Sens	or IV, air blank is taken.	
8. When "TEST" is dis	played on Alco-Sens	or IV, take subject breath sample.	
2 9. When "SET" is disp	Nayed on Alco-Senso	r IV, press SET button.	
10. When printer has c		st result, tear off tape and fill in su	ıbject
11. Press red button to	. Press red button to eject mouthpiece.		
212. Turn printer off.			
213. Attach printout to the	nis report.		
CERTIFICATION BY OPE		BAC	TORONIA
<u> </u>		. 500	
		partment of Health and Senior Ser breath analysis, I certify that:	vice :
1. There was no devia	ation from the proced	ure approved by the department.	
2. To the best of my k	nowledge the instrun	nent was functioning properly.	
3. I am authorized to	operate the instrume	nt.	
4. No radio transmissi conducted.	ion occurred inside th	e room where and when this was	being
NAME OF OPERATOR	PERMIT NO	D. EXPIRATION DATE	
MICHAEL DAV	IS 280	238 0817 20	
WITHESS (IF ANY)		DATE	
		TIVE ACTION ENDLOYED	

services provided on a nondiscriminatory basis

se Number <u>:</u>

1 1	
The second second	
AS IV Serial no: 097430 Version no: 532B	
TEST RECORD 80754	
Temp Date Time 2101	
Air Blank: 08/08/20 15:39 .000 Calibration Check: 21 08/08/20 15:39 .079	
Subject Name Subject I.D.	
Operator Name, I.D.	
Location	
9	

### BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV WITH PRINTER

FORM #8

			FURNI #8
SUBJECT'S NAME		DATE OF TEST	
TEST 2	Control of the Contro	08	08 20
OPERATIONAL CHECKI	The second section is a second	The same of the sa	the state of the s
ALCO-SENSOR SERIAL NO.	PRINTER SERIAL NO.	LOCATION OF INSTE	PROVEDENT.
<i>097.430</i>	096,3580,928	MARRIS	CHVILLE AD
be present, the s starting the 15 mir	ubstance observed on other observation period	r indicated mus	bserved or indicated to st be removed prior to
	or at least 15 minutes ntake or vomiting du e observation period.	by DAVZ ring this time; if	vomiting occurs, start
3. Make sure printer i  4. Make sure printer i  4	s connected to Alco-S	Sensor IV.	
4. Turn printer on.			
5. Insert mouthpiece	into Alco-Sensor IV.		
		e temperature re	eading is between 10°C
7. When "BLNK" is di	splayed on Alco-Sens	or IV, air blank	is taken.
8. When "TEST" is di	splayed on Alco-Sens	or IV, take subj	ect breath sample.
9. When "SET" is disp	, ,	•	·
10. When printer has	-		
and officer informa		,	,,
11. Press red button to	eject mouthpiece.		
12. Turn printer off.			
13. Attach printout to t	his report.		
CERTIFICATION BY OP		BAC	
CENTIFICATION BY OP	ENATUR		187
As set forth in the rules pr	omulgated by the Der	ہمس <b>ا</b> partment of Hea	Ith and Senior Service:
related to the determination			
_	_	•	•
2 1. There was no devi			
2. To the best of my l	knowledge the instrun	nent was functio	ning properly.
3. I am authorized to	operate the instrume	nt.	
4. No radio transmiss	ion occurred inside th	e room where a	nd when this was being
conducted.			
NAME OF OPERATOR	PERMIT NO	O.	EXPIRATION DATE
NAME OF OPERATOR	4		
MICHAEL	DAVIS 28	0 238	081730
	1	8523	08/7 20 DATE

services provided on a nondiscriminatory basis

Case Number <u>:</u>

2000年	AS IV Serial no: 097430	
	Version no: 532B TEST RECORD 00755	
	Temp Date Time 210L	
	Air Blank: 08/08/20 15:42 .000 Calibration Check: 22 08/08/20 15:42 .077	
	Subject Name	
	Subject I.D.	
	Operator Name, I.D.	
	Location	
	1-1	1000

BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV WITH PRINTER

FORM #8

Case Number:

SUBJECT'S NAME		DATE OF TEST	
TEST ?	08	08 70	
OPERATIONAL CHECKL	IST: ALCO-SENSOR		
ALCO-SENSOR SERIAL NO.	PRINTER SERIAL NO.	LOCATION OF INSTRU	
097430	096,3580.978	HARRISON	WILLE AD
be present, the sustanting the 15 min  2. Subject observed to No smoking, oral i	oute observation perion for at least 15 minutes	r indicated must d. by	served or indicated to be removed prior to vomiting occurs, start
3. Make sure printer i		Sensor IV	
4. Turn printer on.	5 CONTROCTED TO ALCO-C	CHOOL IV.	
	into Aloo Copoor IV		
5. Insert mouthpiece 6. Observe temperaluand 40°C.		e temperature rea	ding is between 10°C
7. When "BLNK" is di	splayed on Alco-Sens	or IV, air blank is	taken.
8. When "TEST" is di	splayed on Alco-Sens	or IV, take subjec	ct breath sample.
9. When "SET" is disp	played on Alco-Senso	r IV, press SET b	outton.
10. When printer has	completed printing tes	st result, tear off t	ape and fill in subject
and officer informa	tion.		
11. Press red button to	eject mouthpiece.		
12. Turn printer off.			
3. Attach printout to t	his report.		
CERTIFICATION BY OP	ERATOR	BAC	
			000
As set forth in the rules pr			
related to the determinati			
1. There was no devi	ation from the proced	lure approved by	the department.
2. To the best of my	knowledge the instrur	nent was function	ning properly.
3. I am authorized to	operate the instrume	nt.	
4. No radio transmiss conducted.	sion occurred inside th	ne room where ar	d when this was being
NAME OF OPERATOR	PERMIT N	0.	EXPIRATION DATE
MICHAEL	DAV25   280	1238	081720
WITNESS (IF ANY)			DATE
MO 580-1213 (4-12) AN E	QUAL OPPORTUNITY/AFFIRM	ATIVE ACTION EMPLOYE	08 08 CO R LAB, 108

services provided on a nondiscrim!natory basis

AS IV Serial no: 097430 Version no: 532B TEST RECORD 00756 Temp Date Time 210L Air Blank: 08/08/20 15:45 .000 Calibration Check: 22 08/08/20 15:45 .078 Subject Name Operator Name, I.D. Location

### BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV

WITH PRINTER

WITH PRINTER		FORM
SUBJECT'S NAME		DATE OF TEST
RFI TES		08 08 20
OPERATIONAL CHECK		
ALCO-SENSOR SERIAL NO.	PRINTER SERIAL NO.	LOCATION OF INSTRUMENT
097470	1 696.3580.928	MARRISONVILLE PI
be present, the s starting the 15 min	ubstance observed on nute observation perio	
2. Subject observed for No smoking, oral if over with 15 minutes	or at least 15 minutes intake or vomiting du e observation period.	iring this time; if vomiting occurs, st
3. Make sure printer i	s connected to Alco-S	Sensor IV.
4. Turn printer on.		
5. Insert mouthpiece	into Alco-Sensor IV.	
		e temperature reading is between 10
💆 7. When "BLNK" is di	splayed on Alco-Sens	sor IV. air blank is taken.
		sor IV, take subject breath sample.
9. When "SET" is disp		
		st result, tear off tape and fill in subje
and officer informa	tion.	or result, teal on tape and ill in Subje
11. Press red button to	eiect mouthniece	
12. Turn printer off.	ojoot moduspiooo.	
	hía vamant	
13. Attach printout to the		
CERTIFICATION BY OP	RATOR	BAC
As set forth in the rules pr	omulgated by the Dep	partment of Health and Senior Servic
related to the determination	on of blood alcohol by	y breath analysis, I certify that:
/		lure approved by the department.
2. To the best of my h	mowledge the instrum	nent was functioning properly.
3. I am authorized to	operate the instrumer	nt.
<ul> <li>4. No radio transmiss conducted.</li> </ul>	ion occurred inside th	e room where and when this was bei
NAME OF OPERATOR	PERMIT NO	O. EXPIRATION DATE
MICHAEL D	AVIS   281	0238 08/720
WITHESS (IF ANY)	, , , , ,	DATE
		08 08 20
10 580-1213 (4-12) AN EQ	UAL OPPORTUNITY/AFFIRMA	TIVE ACTION EMPLOYER LAB.

services provided on a nondiscriminatory basis

Case Number: AS IV Serial no: 097430 Version no: 532B TEST RECORD 00757 Time 210L Temp Date VOID: RFI 12 08/08/20 15:47 Subject Name RFITES Operator Name, I.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: 30-Apr-2019

Lot # AG911506 Model 108cacd

Exp. Date

Cyl. Type

Component

Certified Concentration

25-Apr-2021

108

Ethanol Nitrogen

0.080 ± 0.002 BrAC (218 ppm)

Balance

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm
CRM Serial No. CC434668 CC234503	Concentration 800.0 ppm 253.0 ppm	CRM Serial No. 0056649 0056662	52.81 ppm  Concentration 390.1 ppm 150.2 ppm

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Dale: 2019.04.30 10:50:52 -05:00 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

### MICHAEL DAVIS

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.

DATE8/17/2018	hun
NUMBER 280238	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 8/17/2020	they letter.
ATT 690 0271 (6 40)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

