

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

#### **RECEIVED** By Tracy Crews at 8:15 am, Nov 16, 2020

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Complete this report in duplica	ato at the time	.f.a).			REPOR	
ALCO SENSOR IV SN	lealth and Senic	or Services; retain of PRINTER SN	nly preventative mai riginal in departmen	ntenance check, and t file.	d whenever instrument is repair	
097430  LOCATION OF INSTRUMENT (STREE	TAMP OTTO	096.3580.928	3		DATE OF INSPECTION 11/11/2020	
205 N Lexington St Harriso	01			TIME OF INSPECTION		
CHECKLIST: Place a mark in t	he box by each	item if found to be	satisfactory or if ope	erating within establi	5:55 am shed limits. (Write in observed v	
			e using instrument.			
TEMPERATURE OF ALCO	SENSOR (10°	C - 40°C)				
PRINTER WORKING PRO	PERLY					
TIME AND DATE DISPLAY	ING PROPERI					
BREATH ALCOHOL ACCURAG						
SIMULATOR SOLUTION			COMPRES			
STANDARD SUPPLIER Int	Ovimetere			SED ETHANOL-GA	S MIXTURE	
			LOT # AG911506	LNI.DAIE		
SIMULATOR TEMPERATUR	RE (34°C ± 0.2°	C) SII	MULATOR SN	SIMULA	ATOR EXP DATE	
0.100% STANDARD - N 0.080% STANDARD - N 0.040% STANDARD - N	UST READ BE	TWEEN 0.076% ar TWEEN 0.038% ar				
EST 1 • 0.80	TES	ST 2 🖝 0.080		TEST 3   0.079		
RFI DETECTOR OPERATING						
NDICATE THE NUMBER OF BE DO NOT INCLUDE SELF-ADMI	REATH TESTS I	N THE FOLLOWIN	IG RANGES SINCE	THE LAST MAINT	ENANCE REPORT:	
EFUSALS 0 (004)	0 (.0	0509) 0	(.10- 14) 0	1	ľ	
st any new parts and describe a stablished limits (use other side i	any alteration or	modification that	(.1014) 0	(.1519)	(OVER .19) 0	
N/A	f necessary).			, the menument to C	operate satisfactorily and within	
SPECTING OFFICER					<b>《</b> 名表现物业》中含为25	
E II PERMIT NUMBER/EXPIRATION DATE	258			PRINT NAME Brian C. Kincaide	e	
90035 2/13/2021			The state of the s	TELEPHONE NUMBER (816) 380-8940		
turn completed report to the:	Breath Alcohol 2875 James B Poplar Bluff, M	Program, MO Depoulevard	artment of Health an	nd Senior Services,	Southeast District Office	
80-1351 (6-10)	- opiai biuii, M	0.0901				

Location	Brian Kincolan Operator Name, I.D.	Subject I.D.	22 11/11/20 05:55 .080 Subject Name	nir Blank: 11/11/20 05:55 .000 Calibration Check:	Temp Date Time 218L	Version no: 532B	AS III SOUTH TO THE PORT OF TH
	Location	Operator Name, I.D.	Subject I.D.	Subject Name	11/11/20 05:57 .000 Calibration Check: 23 11/11/20 05:57 .080	Temp Date Time 2161.	AS IV Serial no: 097430 Version no: 5328 TEST RECORD 00773
	Location	Operator Name, I.D.	Subject I.D.	Subject Name	20 05:58 1 Check:	fir Blant: Time 2101	AS IV Serial no: 097430 Version no: 532B
	Location	Operator Name, I.D.	Subject I.D.	Subject Name  PFI Chr. X	UOID: RFI 12 11/11/28 96:99	TEST RECORD 00775	AS IV Serial no: 097430 Version no: 5328



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



## PERMIT TYPE BRIAN C KINCAIDE

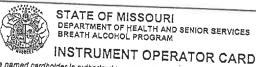
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs;

# 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 S06.111 through 306.119 RSMo.

DATE2/13/2019	Wa h
NUMBER 290035	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 2/13/2021	
MO:550:0771 (6210):	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

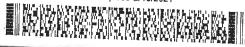
LAB4 (R6/10)



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

Operator KINCAIDE, BRIAN Permit No 290035

Date Expires 2/13/2021





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 25-Apr-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:

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561

EB0010681

CC434668

CC234503

CRM Serial No.

Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm

52.12 ppm

Concentration 800.0 ppm

253.0 ppm

RGM Serial No. EB0010603

EB0010559 EB0010595

EB0010562 EB0010579

0056662

CRM Serial No. 0056649

393.0 ppm 258.2 ppm 208.3 ppm

Concentration

104.2 ppm 52.81 ppm

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2019.04,30 10;50:62 -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

Air Blank: 09/10/20 23:25 .000 Calibration Check: 21 09/10/20 23:25 .080 Brun Location Operator Name, I.D. Subject I.D. AS IV Serial no: 097430 Version no: 532B Subject Name duel 400 TEST RECORD 00763 7es7 #1 Date dinceres Time **9/** 210L

Air Blank: 09/10/20 23:27 .000 Calibration Check: 22 09/10/20 23:27 .080 Location Operator Name, I.D. Subject I.D. Subject Name Temp Date Time 210L Version no: 532B TEST RECORD 00764 AS IV Serial no: 097430 7ES+#2

Temp Air Blank: 69/10/20 23:29 .000 Calibration Check: 22 09/10/20 23:29 .080 Location Subject I.D. Operátor Name, I.D. Subject Name TEST RECORD 00765 Version no: 532B AS IV Serial no: 097430 5x +52% SOF P Date ---Time 210L Location Subject Name Sign

AS IV Serial no: 097430 Version no: 5328

VOID: RFI 12 09/10/20 23:31 Temp Date Time 210L TEST RECORD 00766

Subject I.D. Trest # RF1

Operator Name, I.D.