



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 102457	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 12/15/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E Walnut Street Columbia		TIME OF INSPECTION 7:31 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 Intoximeters LOT # AG020401 EXP. DATE 07/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 .100

TEST 2 .101

TEST 3 .100

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).

Returned to service

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Lori Simpson

TYPE II PERMIT NUMBER/EXPIRATION DATE  
290095 04/22/2021

TELEPHONE NUMBER  
(573) 874-7652

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

subject I.D.

AS IV Serial no: 102457  
Version no: 532B

TEST RECORD 00822

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

Air Blank:  
12/15/20 19:31 .000  
Calibration Check:  
23 12/15/20 19:31 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Simpson 1939

Location

CPD

AS IV Serial no: 102457  
Version no: 532B

TEST RECORD 00823

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

Air Blank:  
12/15/20 19:33 .000  
Calibration Check:  
23 12/15/20 19:33 .101

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Simpson 1939

Location

CPD

AS IV Serial no: 102457  
Version no: 532B

TEST RECORD 00824

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

Air Blank:  
12/15/20 19:35 .000  
Calibration Check:  
25 12/15/20 19:35 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Simpson 1939

Location

CPD

AS IV Serial no: 102457  
Version no: 532B

TEST RECORD 00825

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

VOID: RFI  
12 12/15/20 19:36

Subject Name

Test 4 RFI

Subject I.D.

Operator Name, I.D.

Simpson 1939

Location

CPD

Weight: 100.0000g  
Temperature: 25.00C  
Pressure: 1013.25 hPa  
Humidity: 45.00%  
Date: 2020-07-22

## Certificate of Analysis

**Customer Name**  
*Exclusive Supplier*  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 22-Jul-2020

**Lot # AG020401 Model 108cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
22-Jul-2022	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: 2020.07.22 18:29:45 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Approved for Release:** \_\_\_\_\_  
*Rod Marsala*  
**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**  
**LORI A SIMPSON**

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 DMT**

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 4/22/2019

NUMBER 290095

EXPIRES 4/22/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 SIMPSON, LORI  
Permit No 290095  
Date Issued 4/22/2019 Date Expires 4/22/2021

