





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 102473		PRINTER SN 08C.352					09/08	INSPECTION /2020	
LOCATION OF INSTRUMENT (STREET AND CITY)  GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802					2	TIME OF 8:42 p	INSPECTION OM		
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.						erved val-			
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)									
☑ TEMPERATURE OF	ALCO SENSOR (10	0°C - 40°C)							
PRINTER WORKING	3 PROPERLY								
☑ TIME AND DATE DIS	SPLAYING PROPER	RLY							
BREATH ALCOHOL ACC	CURACY STANDAR	RDS							
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE									
STANDARD SUPPLIER INTOXIMETERS LOT # AG830303 EXP. DA			EXP. DATE	10/30/2	2020				
☐ SIMULATOR TEMPE	RATURE (34°C ± 0	.2°C)	SIM	ULATOR SN		SIMU	LATOR E	EXP DATE	
<ul> <li>✓ 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)         </li> <li>✓ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE         <ul> <li>0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE</li> <li>0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE</li> </ul> </li> </ul>									
TEST 1 <b>☞</b> .101		TEST 2 🖝 .10	)1		7-	TEST 309	96		
RFI DETECTOR OPE	ERATING					.6			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS	(004)	(.0509)	1	(.1014)	5	(.1519)	2	(OVER .19)	2
List any new parts and d established limits (use off CHANGED BATTERY	ner side if necessary		ion that v	was made to	restore	the instrument	to opera	te satisfactorily a	and within
INSPECTING OFFICER									
SIGNATURE	In the	/				RYAN DEVO	OST		
TYPE II PERMIT NUMBER/EXPIRATION DATE 290083 Expires: 04/19/2021				TELEPHONE NUMBER (417) 868-4040					
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									



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: 31-Oct-2018

Lot # AG830303 Model 108cacd

Exp. Date 30-Oct-2020

Cyl. Type 108 <u>Component</u> Ethanol <u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

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

Serial No. Concentration		Serial No.	Concentration	
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	

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2018.11.01 17:49:06 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Norl Morsola Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## RYAN DEVOST

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.

DATE4/19/2019	when
The state of the s	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290083	
EXPIRES 4/19/2021	they Ulle
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
1O 580-0771 (6-10)	LAR4 (R6-1)



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

Operator DEVOST, RYAN

Date Issued 4/19/2019 Date Expires 4/19/2021



65 TH 6-1-1	n, 1	
AS IV Serial no: 102473 Version no: 532B	AS IV Serial no: 102473 Version no: 532B	AS IV Serial no: 102473 Version no: 532B
TEST RECORD 01512  y Temp Date Time 210L	TEST RECORD 01513 Temp Date Time 210L	TEST RECORD 01514 9/ Temp Date Time 210L
Air Blank: 09/08/20 20:42 .000 Calibration Check: 23 09/08/20 20:42 .101	Air Blank: 09/08/20 20:44 .000 Calibration Check: 23 09/08/20 20:44 .101	Air Blank: 09/08/20 20:47 .000 Calibration Check: 24 09/08/20 20:47 .096
Subject Name	Subject Name	Subject Name
TEST #1	TEST #2	7557 #3
Subject I.D.	Subject I.D.	Subject I.D.
Wy se		
Operator Name, I.D.	Operator Name, I.D.	Operator Name, I.D.
Location	Location	Location
My Seit	My bant	The Sout

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01515
9/
Temp Date Time 210L
Air Blank: 09/08/20 20:48 .000
Calibration Check: 25 09/08/20 20:48 .000
Subject Name
Sober Sample
Subject I.D.

Deerator Name, I.D.

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01516
9/
Temp Date Time 210L

VOID: RFI
12 09/08/20 20:49

Subject Name

RFT Test

Subject I.D.

Deerator Name, I.D.