



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 104642	PRINTER SN 096.3580.938	DATE OF INSPECTION 02/19/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO 63366		TIME OF INSPECTION 2:07 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 # AG919902 EXP. DATE 07/18/2021

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 ← .082	TEST 2 ← .081	TEST 3 ← .080
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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).

Adjusted time (-3 minutes).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Chris Sinnokrak
TYPE II PERMIT NUMBER/EXPIRATION DATE 290008 / 1-11-2021	TELEPHONE NUMBER (636) 240-3200

**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: 104642  
Version no: 532B

TEST RECORD 00689

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

Air Blank:  
02/19/20 14:09 .000  
Calibration Check:  
21 02/19/20 14:09 .082

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
SINNOCKRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00690

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

Air Blank:  
02/19/20 14:11 .000  
Calibration Check:  
22 02/19/20 14:11 .081

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
SINNOCKRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00691

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

Air Blank:  
02/19/20 14:13 .000  
Calibration Check:  
23 02/19/20 14:13 .080

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
SINNOCKRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00692

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

VOID: RFI  
12 02/19/20 14:14

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00693

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

Air Blank:  
02/19/20 14:16 .000  
Subject Test: Auto  
25 02/19/20 14:16 .000

Subject Name  
SABER TEST  
Subject I.D.

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:** 22-Jul-2019

**Lot # AG919902 Model 108cacd**

**Exp. Date**

18-Jul-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

**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  
52.81 ppm

**CRM Serial No.**

CC434668  
CC234503

**Concentration**

800.0 ppm  
253.0 ppm

**CRM Serial No.**

0056649  
0056662

**Concentration**

390.1 ppm  
150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2019.07.22 13:17:50 -05:00  
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

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**PERMIT  
 TYPE II**

**CHRIS SINNOKRAK**

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 1/11/2019

NUMBER 290008

EXPIRES 1/11/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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** SINNOKRAK, CHRIS  
**Permit No** 290008  
**Date Issued** 1/11/2019 **Date Expires** 1/11/2021