



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 105445	PRINTER SN 097.3584.347	DATE OF INSPECTION 02/27/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 415 THIRD STREET, PLATTE CITY MO. 64079		TIME OF INSPECTION 5:33 am

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 # AG623002 EXP. DATE 08/17/2018

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 .105	TEST 2 .104	TEST 3 .102
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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)
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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).

NEW BATTERY INSTALLED

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME WILLIAM BEELER
TYPE II PERMIT NUMBER/EXPIRATION DATE 280190/05-22-2020	TELEPHONE NUMBER (816) 858-2424

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: 105445
Version no: 532B

TEST RECORD 00933

Temp Date Time 210L
9/

Air Blank:
02/27/20 05:33 .000
Calibration Check:
12 02/27/20 05:33 .105

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

W. Beele 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00934

Temp Date Time 210L
9/

Air Blank:
02/27/20 05:35 .000
Calibration Check:
13 02/27/20 05:35 .104

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

W. Beele 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00935

Temp Date Time 210L
9/

Air Blank:
02/27/20 05:38 .000
Calibration Check:
16 02/27/20 05:38 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

W. Beele 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00936

Temp Date Time 210L
9/

VOID: REI
12 02/27/20 05:39

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

W. Beele 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00937

Temp Date Time 210L
9/

Air Blank:
02/27/20 05:41 .000
Subject Test: Auto
19 02/27/20 05:41 .000

Subject Name

Sobr Sample

Subject I.D.

Operator Name, I.D.

W. Beele 280190
05/22/2020

Location

415 Third St

Platte City MO



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: 28-Mar-2018

- Lot # AG808602 Model 108cadd

Exp. Date	Cyl. Type	Component	Certified Concentration
27-Mar-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>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

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.03.28 12:27:05 -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 2989.01



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
WILLIAM BEELER

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 5/22/2018

NUMBER 280190

EXPIRES 5/22/2020

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **BEELER, WILLIAM**
 Permit No **280190**
 Date Issued **5/22/2018** Date Expires **5/22/2020**