



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 107972	PRINTER SN 099.3586.824	DATE OF INSPECTION 12/25/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. County Dr, Columbia		TIME OF INSPECTION 2:55 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 # AG023902 EXP. DATE 08/26/2022

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 .101

TEST 2 .102

TEST 3 .101

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)	1	(.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).

Instrument operating satisfactorily and within established limits.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Steven H. Verble

TYPE II PERMIT NUMBER/EXPIRATION DATE
290102, 05/03/2021

TELEPHONE NUMBER
(573) 875-1111

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: 107972
Version no: 532B
TEST RECORD 00649 ^{g/}
Temp Date Time 210L
Air Blank:
12/25/20 02:55 .000
Calibration Check:
20 12/25/20 02:55 .101
Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

AS IV Serial no: 107972
Version no: 532B
TEST RECORD 00650 ^{g/}
Temp Date Time 210L
Air Blank:
12/25/20 02:58 .000
Calibration Check:
21 12/25/20 02:58 .102
Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

AS IV Serial no: 107972
Version no: 532B
TEST RECORD 00651 ^{g/}
Temp Date Time 210L
Air Blank:
12/25/20 03:01 .000
Calibration Check:
22 12/25/20 03:01 .101
Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

AS IV Serial no: 107972
Version no: 532B
TEST RECORD 00652 ^{g/}
Temp Date Time 210L
VOID: RFI
12 12/25/20 03:03
Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia



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

PERMIT
TYPE II

STEVEN H VERBLE

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 5/3/2019
NUMBER 290102
EXPIRES 5/3/2021

W. W. S.
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

S. H. Verble
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-3771 (6-19)

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: VERBLE, STEVEN
Operator No. 290102
Date Issued 5/3/2019 Date Expires 5/3/2021




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: 27-Aug-2020

Lot # AG023902 Model 108caed

Exp. Date 26-Aug-2022	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BRAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM 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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 2020.08.27 19:05:48 -05:00
Reason: I have the following 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