



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 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 09/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031		TIME OF INSPECTION 3:02 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 INTOXIMETERES LOT # AG906601 EXP. DATE 03/07/2021

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 .100

TEST 2 .100

TEST 3 .099

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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).

Instrument working within D.O.H. guidelines.
Memory Full, Erased.
Battery Changed

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Kyle Feldmann DSN 623

TYPE II PERMIT NUMBER/EXPIRATION DATE

280297 10/20/2020

TELEPHONE NUMBER

(314) 831-7000

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: 187989
Version no: 532B

TEST RECORD 00997

Temp	Date	Time	s/	210L
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Air Blank:
09/01/20 15:02 .000
Calibration Check:
23 09/01/20 15:02 .100

Subject Name

TEST 1

Subject I.D.

FELDMANN 230297
Operator Name, I.D.

Location

FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00998

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
09/01/20 15:03 .000
Calibration Check:
23 09/01/20 15:03 .100

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00999

Temp	Date	Time	s/	210L
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Air Blank:
09/01/20 15:05 .000
Calibration Check:
24 09/01/20 15:05 .099

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 01000

Temp	Date	Time	s/	210L
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VOID: RFI
12 09/01/20 15:07

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 01001

Temp	Date	Time	s/	210L
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Air Blank:
09/01/20 15:11 .000
Subject Test: Auto
25 09/01/20 15:11 .000

Subject Name

BLANK

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD



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

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PERMIT
TYPE II
KYLE J FELDMANN

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 10/12/2018

NUMBER 280297

EXPIRES 10/12/2020

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 FELDMANN, KYLE
Permit No: 280297
Date Issued 10/12/2018 **Date Expires** 10/12/2020





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: 11-Mar-2019

Lot # AG906601 Model 108cacc

Exp. Date	Cyl. Type	Component	Certified Concentration
7-Mar-2021	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: 2019.03.11 13:19:36 -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