



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:13 am, Nov 30, 2020

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 107992 | NAME OF AGENCY 099.3586.825 | DATE OF INSPECTION 10/31/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870 | | TIME OF INSPECTION 16.03 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u> | LOT # <u>AG912204</u> EXP. DATE <u>05/02/2021</u> |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ | SIM. SN _____ SIM. NIST 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 ← 0.103 | TEST 2 ← 0.103 | TEST 3 ← 0.102 |
|----------------|----------------|----------------|

- 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 |
|------------|-----------|-------------|-------------|-------------|--------------|

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).

| | |
|--|--|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME Christopher Shonk |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 290143 / 06/27/2021 | TELEPHONE NUMBER (417) 673-1911 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email

TEST RECORD 01058

Temp Date Time 210L

Air Blank:
10/31/20 16:03 .000
Calibration Check:
18 10/31/20 16:03 .103

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Cpl. C. Stork #457

Location

WCPO

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01059

Temp Date Time 210L

Air Blank:
10/31/20 16:04 .000
Calibration Check:
19 10/31/20 16:04 .103

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Cpl. C. Stork #457

Location

WCPO

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01060

Temp Date Time 210L

Air Blank:
10/31/20 16:06 .000
Calibration Check:
20 10/31/20 16:06 .102

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Cpl. C. Stork #457

Location

WCPO

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01062

Temp Date Time 210L

Air Blank:
10/31/20 16:09 .000
Subject Test: Auto
21 10/31/20 16:09 .000

Subject Name

Sebel Sample

Subject I.D.

Operator Name, I.D.

Cpl. C. Stork #457

Location

WCPO

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01061

Temp Date Time 210L

VOID: RFI
12 10/31/20 16:07

Subject Name

RFI Check

Subject I.D.

Operator Name, I.D.

Cpl. C. Stork #457

Location

WCPO



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: 6-May-2019

Lot # AG912204 Model 108cadd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 2-May-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: 2019.05.17 12:35:24 -05:00
 Reason: Cry 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

2

PERMIT
TYPE II
CHRISTOPHER SHONK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 6/27/2019
NUMBER 290143
EXPIRES 6/27/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS-2019-15-12

LAB-PS-121

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 SHONK, CHRISTOPHER
Permit No 290143
Date Issued 6/27/2019 Date Expires 6/27/2021