



**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 107996	PRINTER SN 099.3586.800	DATE OF INSPECTION 02/05/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden Street Warrensburg, MO 64093	TIME OF INSPECTION 1503
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**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 # AG910005 EXP. DATE 04/12/2021

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 ➔ .101	TEST 3 ➔ .099
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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).  
Reattached ejection button

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Scott Gary
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TYPE II PERMIT NUMBER/EXPIRATION DATE 280210 06/11/2020	TELEPHONE NUMBER 660-543-4573
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**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



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: 12-Apr-2019

**Lot # AG910005 Model 108caccd**

Exp. Date

10-Apr-2021

Cyl. Type

108

Component

Ethanol  
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)  
Balance

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

RGM Serial No.

EB0010581

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

RGM Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

CRM Serial No.

CC434668

Concentration

800.0 ppm

CC234503

253.0 ppm

CRM Serial No.

0056649

Concentration

390.1 ppm

0056662

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control  
Date: 2019.04.17 17:37:36 -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



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

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**PERMIT**  
**TYPE II**  
**SCOTT GARY**

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, INTOX EC/IR II, ASIV 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 6/11/2018

NUMBER 280210

EXPIRES 6/11/2020

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 GARY, SCOTT  
 Permit No 280210  
 Date Issued 6/11/2018 Date Expires 6/11/2020

45 IU Serial no: 107996  
Version no: 532B

TEST RECORD 01131

Temp Date Time 210L

Air Blank:

02/05/20 15:03 .000

Calibration Check:

21 02/05/20 15:03 .100

Subject Name

Subject I.D.

Operator Name: I.D.

South Gary

Location

280210

06-11-2020

45 IU Serial no: 107996  
Version no: 532B

TEST RECORD 01132

Temp Date Time 210L

Air Blank:

02/05/20 15:05 .000

Calibration Check:

21 02/05/20 15:05 .101

Subject Name

Subject I.D.

Operator Name: I.D.

South Gary

Location

280210

06-11-2020

45 IU Serial no: 107995  
Version no: 532B

TEST RECORD 01133

Temp Date Time 210L

Air Blank:

02/05/20 15:08 .000

Calibration Check:

22 02/05/20 15:08 .099

Subject Name

Subject I.D.

Operator Name: I.D.

South Gary

Location

280210

06-11-2020

45 IU Serial no: 107995  
Version no: 532B

TEST RECORD 01134

Temp Date Time 210L

Air Blank:

22 02/05/20 15:10

Subject Name

Subject I.D.

Operator Name: I.D.

South Gary

Location

280210

06-11-2020