



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 when repaired. Send copy to Department of Health and Senior Services; retain original in department file.

**RECEIVED**  
 By Tracy Crews at 9:58 am

ALCO SENSOR IV SN 111322	PRINTER SN 099.3586.613	DATE OF INSPECTION 05/01/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 4430 Holman Lane, Edmundson, MO 63134	TIME OF INSPECTION 0000
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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, INC. LOT # AG815101 EXP. DATE 05/31/2020

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 ➡ .098	TEST 2 ➡ .098	TEST 3 ➡ .097
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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-.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).  
 Adjust date and time.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Patrick Martin
TYPE II PERMIT NUMBER/EXPIRATION DATE 280221 06-28-2020	TELEPHONE NUMBER (314) 428-4577

**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: 111322  
Version no: 532B

TEST RECORD 00409

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/01/20 22:42 .000  
Calibration Check:  
23 05/01/20 22:42 .000

Subject Name

*Menton 64*

Subject I.D.

*Blank Test*

Operator Name, I.D.

*EPD*

Location

AS IV Serial no: 111322  
Version no: 532B

TEST RECORD 00410

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 05/01/20 22:43

Subject Name

*Menton 64*

Subject I.D.

*RFI*

Operator Name, I.D.

*EPD*

Location

AS IV Serial no: 111322  
Version no: 532B

TEST RECORD 00411

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/01/20 22:45 .000  
Subject Test: Man  
24 05/01/20 22:45 .098

Subject Name

*Menton 64*

Subject I.D.

*Test 1*

Operator Name, I.D.

*EPD*

Location

AS IV Serial no: 111322  
Version no: 532B

TEST RECORD 00412

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/01/20 22:46 .000  
Subject Test: Man  
24 05/01/20 22:46 .098

Subject Name

*Menton 64*

Subject I.D.

*Test 2*

Operator Name, I.D.

*EPD*

Location

AS IV Serial no: 111322  
Version no: 532B

TEST RECORD 00413

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/01/20 22:48 .000  
Subject Test: Man  
25 05/01/20 22:48 .097

Subject Name

*Menton 64*

Subject I.D.

*Test 3*

Operator Name, I.D.

*EPD*

Location



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:** 5-Jun-2018

**Lot # AG815101 Model 108cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
31-May-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	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2018.06.05 14:48:14 -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



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



**PERMIT**  
**TYPE II**  
**PATRICK MARTIN**

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 6/28/2018

NUMBER 280221

EXPIRES 6/28/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 MARTIN, PATRICK  
 Permit No 280221  
 Date Issued 6/28/2018 Date Expires 6/28/2020