



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 111629	PRINTER SN 09B.3589.458	DATE OF INSPECTION 01/12/2020
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue Columbia	TIME OF INSPECTION 10:08 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
---	--

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG824102</u>	EXP. DATE <u>08/29/2020</u>
---	-----------------------	-----------------------------

<input type="checkbox"/> 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 ➔ .084	TEST 2 ➔ .084	TEST 3 ➔ .083
---------------	---------------	---------------

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)	1	(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 Eric Moss
---------------	-------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 280234 08/14/2020	TELEPHONE NUMBER (573) 882-7201
--	------------------------------------

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: 111629
Version no: 532B

TEST RECORD 00690

Temp Date Time 210L

Air Blank:
01/21/20 10:08 .000
Calibration Check:
16 01/21/20 10:08 .084

Subject Name

Cal check 1 of 3 OK
Subject I.D.

E. MOSS MUPD #37
Operator Name, I.D.

280234 8/14/20
Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 00691

Temp Date Time 210L

Air Blank:
01/21/20 10:09 .000
Calibration Check:
16 01/21/20 10:09 .084

Subject Name

Cal check 2 of 3 OK
Subject I.D.

E. MOSS MUPD #37
Operator Name, I.D.

280234 8/14/20
Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 00692

Temp Date Time 210L

Air Blank:
01/21/20 10:11 .000
Calibration Check:
17 01/21/20 10:11 .083

Subject Name

Cal check 3 of 3 OK
Subject I.D.

E. MOSS MUPD #37
Operator Name, I.D.

280234 8/14/20
Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 00693

Temp Date Time 210L

VOID: RFI
12 01/21/20 10:12

Subject Name

RFI test OK
Subject I.D.

E. MOSS MUPD #37
Operator Name, I.D.

280234 8/14/20
Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 00694

Temp Date Time 210L

Air Blank:
01/21/20 10:13 .000
Subject Test: Auto
17 01/21/20 10:13 .000

Subject Name

Blank test OK
Subject I.D.

E. MOSS MUPD #37
Operator Name, I.D.

280234 8/14/20
Location

MUPD



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: 29-Aug-2018

Lot # AG824102 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-Aug-2020	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 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	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

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.08.29 18:38:26 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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

2

PERMIT
TYPE II
ERIC L MOSS

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 8/14/2018

NUMBER 280234

EXPIRES 8/14/2020

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 **MOSS, ERIC**
 Permit No **280234**
 Date Issued **8/14/2018** Date Expires **8/14/2020**