



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

**RECEIVED**  
 By Tracy Crews at 11:42 am, Feb 25, 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 111629	PRINTER SN 09B.3589.458	DATE OF INSPECTION 02/25/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue Columbia 65211		TIME OF INSPECTION 8:27 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG824102 EXP. DATE 08/29/2020
- 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 ← .081	TEST 2 ← .081	TEST 3 ← .080
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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)	3	(.15-.19)	0	(OVER .19)	1
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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).

<b>INSPECTING OFFICER</b>	
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 00781

Temp Date Time 210L

Air Blank:  
02/25/20 08:27 .000  
Calibration Check:  
19 02/25/20 08:27 .081

Subject Name

Cal check lot 3 ok  
Subject I.D.

E. Moss 37

Operator Name, I.D.

280234 8/14/20

Location

MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 00782

Temp Date Time 210L

Air Blank:  
02/25/20 08:28 .000  
Calibration Check:  
19 02/25/20 08:28 .081

Subject Name

Cal check lot 3 ok  
Subject I.D.

E. Moss 37

Operator Name, I.D.

280234 8/14/20

Location

MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 00783

Temp Date Time 210L

Air Blank:  
02/25/20 08:29 .000  
Calibration Check:  
20 02/25/20 08:29 .080

Subject Name

Cal check lot 3 ok  
Subject I.D.

E. Moss 37

Operator Name, I.D.

280234 8/14/20

Location

MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 00784

Temp Date Time 210L

VOID: RFI  
12 02/25/20 08:30

Subject Name

RFI  
Cal check lot 3 ok  
Subject I.D.

E. Moss 37

Operator Name, I.D.

280234 8/14/20

Location

MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 00785

Temp Date Time 210L

Air Blank:  
02/25/20 08:32 .000  
Subject Test: Auto  
21 02/25/20 08:32 .000

Subject Name

Blann test OK  
Subject I.D.

E. Moss 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**

<b>Exp. Date</b> 29-Aug-2020	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 ppm) Balance
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**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:

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 Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**



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

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**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