



**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 111670	PRINTER SN 09B.3589.548	DATE OF INSPECTION 02/22/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2040 E Hunter Nevada Mo 64772		TIME OF INSPECTION 11:00 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER intoximeters LOT # AG827002 EXP. DATE 09/27/2020
- 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 ➔ .082	TEST 2 ➔ .082	TEST 3 ➔ .081
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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)	2	(.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).

**INSPECTING OFFICER**

SIGNATURE ▶	PRINT NAME A. Stimson
TYPE II PERMIT NUMBER/EXPIRATION DATE 290101 05/03/2021	TELEPHONE NUMBER (417) 283-2400

**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 IU Serial no: 111670  
Version no: 532B

TEST RECORD 00164

Temp Date Time 210L 9/

Air Blank: 02/22/20 23:00 .000  
Calibration Check: 22 02/22/20 23:00 .082

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111670  
Version no: 532B

TEST RECORD 00165

Temp Date Time 210L 9/

Air Blank: 02/22/20 23:02 .000  
Calibration Check: 22 02/22/20 23:02 .082

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111670  
Version no: 532B

TEST RECORD 00166

Temp Date Time 210L 9/

VOID: RFI  
12 02/22/20 23:04  
Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111670  
Version no: 532B

TEST RECORD 00167

Temp Date Time 210L 9/

Air Blank: 02/22/20 23:06 .000  
Calibration Check: 23 02/22/20 23:06 .081

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT  
 TYPE II**

**ALEXANDER K STIMSON**

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**

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 5/3/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290101

EXPIRES 5/3/2021

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** STIMSON, ALEXANDER  
**Permit No** 290101  
**Date Issued** 5/3/2019    **Date Expires** 5/3/2021





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:** 2-Oct-2018

Lot # AG827002 Model 108cadd

**Exp. Date**

27-Sep-2020

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.080 ± 0.002 BrAC (208 ppm)

Balance

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

**Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

**Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control

Date: 2018.10.03 10:02:04 -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