



RECEIVED

By Stephen Wilson at 1:26 pm, May 05, 2020

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 111673 | PRINTER SN 09B.3589.443 | DATE OF INSPECTION 05/05/2020 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER 40, CHESTERFIELD | TIME OF INSPECTION 9:33 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, INC.</u> | LOT # <u>AG829708</u> EXP. DATE <u>10/24/2020</u> |

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 ➔ .102 | TEST 2 ➔ .101 | TEST 3 ➔ .101 |
|---------------|---------------|---------------|

- 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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Printer battery replaced.

INSPECTING OFFICER

| | |
|--|----------------------------------|
| SIGNATURE  | PRINT NAME PO JAHNS, DSN 3725 |
|--|----------------------------------|

| | |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 290039 / 02/20/2021 | TELEPHONE NUMBER (636) 529-8210 |
|--|------------------------------------|

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: 111673
Version no: 532B

TEST RECORD 00219

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/05/20 12:10 .000
Calibration Check:
22 05/05/20 12:10 .102

Subject Name

Cal Check #1

Subject I.D.

N/A

Operator Name, I.D.

Jahns 328

Location

MAROT TIME

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00221

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/05/20 12:12 .000
Calibration Check:
24 05/05/20 12:12 .101

Subject Name

Cal Check #3

Subject I.D.

N/A

Operator Name, I.D.

Jahns 328

Location

MAROT TIME

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00220

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/05/20 12:11 .000
Calibration Check:
23 05/05/20 12:11 .101

Subject Name

Cal Check #2

Subject I.D.

N/A

Operator Name, I.D.

Jahns 328

Location

MAROT TIME

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00222

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI
12 05/05/20 12:13

Subject Name

RFI check

Subject I.D.

N/A

Operator Name, I.D.

Jahns 328

Location

MAROT TIME



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: 25-Oct-2018

Lot # AG829708 Model 108cacc

Exp. Date

24-Oct-2020

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

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

Serial No.

EB0010581

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2018.10.25 14:13:39 -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



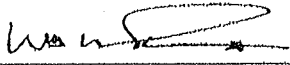
PERMIT
TYPE II
KYLE JAHNS

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

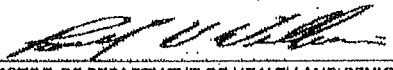
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119, RSMo.

DATE 2/20/2019


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290039

EXPIRES 2/20/2021


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES