



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:52 am, Jul 09, 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 111733 | PRINTER SN 09B.3589.519 | DATE OF INSPECTION 07/08/2020 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER FORTY RD, CHESTERFIELD | TIME OF INSPECTION 8:35 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, INC. LOT # AG829708 EXP. DATE 10/24/2020

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 ➔ .097

TEST 3 ➔ .097

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) | 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).

Calibration Check #2 was reprint due to paper feeding error.

Battery packed replaced on printer.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
PO JAHNS, DSN 3725

TYPE II PERMIT NUMBER/EXPIRATION DATE
290038 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: 111733
Version no: 532B

TEST RECORD 00185

Temp Date Time ^{s/} 210L

Air Blank:
07/08/20 08:59 .000
Calibration Check:
21 07/08/20 08:59 .098

Subject Name
Cal Check #1

Subject I.D.

N/A
Operator Name, I.D.
Johns 3725

Location
Mobot TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00187

Temp Date Time ^{s/} 210L

Air Blank:
07/08/20 09:03 .000
Calibration Check:
23 07/08/20 09:03 .097

Subject Name
Cal Check #3

Subject I.D.

N/A
Operator Name, I.D.
Johns 3725

Location
Mobot TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00186

Temp Date Time ^{s/} 210L

Air Blank:
07/08/20 09:01 .000
Calibration Check:
21 07/08/20 09:01 .097

Subject Name
Cal Check #2

Subject I.D.

N/A
Operator Name, I.D.
Johns 3725

Location
Mobot TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00188

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/08/20 09:04

Subject Name
RFI Check

Subject I.D.

N/A
Operator Name, I.D.
Johns 3725

Location
Mobot TMC



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 108caccd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 24-Oct-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 | 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: 2018.10.25 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

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**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

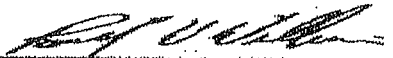
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 308.111 through 308.119, RSMo.

DATE 2/20/2019


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290039

EXPIRES 2/20/2021


 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES