



RECEIVED

By Stephen Wilson at 3:51 pm, Sep 17, 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 111739	NAME OF AGENCY Bates City	DATE OF INSPECTION 09/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 203 N 2nd Street, Bates City		TIME OF INSPECTION 11:43 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 # AG003702 EXP. DATE 02/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 **.100** TEST 2 **.100** TEST 3 **.099**

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).

INSPECTING OFFICER	
SIGNATURE <i>Virginia DeBoard</i>	PRINT NAME Virginia DeBoard
TYPE II PERMIT NUMBER/EXPIRATION DATE 290037 02/20/2021	TELEPHONE NUMBER (816) 690-7515

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00324

Temp Date Time ^{s/} 210L

Air Blank:
09/17/20 11:43 .000
Subject Test: Man
21 09/17/20 11:43 .100

Subject Name

Subject I.D.

Operator Name, I.D. #
Virginia DeBoard #984
Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00326

Temp Date Time ^{s/} 210L

Air Blank:
09/17/20 11:45 .000
Subject Test: Man
22 09/17/20 11:45 .099

Subject Name

Subject I.D.

Operator Name, I.D. #
Virginia DeBoard #984
Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00325

Temp Date Time ^{s/} 210L

Air Blank:
09/17/20 11:44 .000
Subject Test: Man
21 09/17/20 11:44 .100

Subject Name

Subject I.D.

Operator Name, I.D. #
Virginia DeBoard #984
Location

203 N. 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00327

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/17/20 11:47

Subject Name

Subject I.D.

Operator Name, I.D. #
Virginia DeBoard #984
Location

203 N. 2nd St

Bates City MO



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 7-Feb-2020

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG003702 Model 108cacd

<u>Exp. Date</u> 6-Feb-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM 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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.02.11 10:59:22 -06:00
 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
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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

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PERMIT
TYPE II

VIRGINIA DEBOARD

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 2/20/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290037

EXPIRES 2/20/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RS-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 DEBOARD, VIRGINIA
Permit No 290037
Date Issued 2/20/2019 Date Expires 2/20/2021