

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

46/600	<u></u>			
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	f the regular monthly preventative mainter r Services; retain original in department fil	nance check, and whenever instrument is repaired.		
ALCO SENSOR IV SN 111742	PRINTER SN 09B.3589.518	DATE OF INSPECTION 09/27/2019		
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER FORTY, CHESTERFIELD		TIME OF INSPECTION 10:05 am		
CHECKLIST: Place a mark in the box by each	item if found to be satisfactory or if operat	ing within established limits. (Write in observed val-		
ues where determined.) Unmarked items must be corrected before using instrument.				
DIGITAL READOUT (ALL ELEMENTS OP	ERATIONAL)			
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)				
PRINTER WORKING PROPERLY				
TIME AND DATE DISPLAYING PROPERLY				
BREATH ALCOHOL ACCURACY STANDARD)\$			
SIMULATOR SOLUTION	☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETERS	S, INC. LOT # AG829708	EXP. DATE 10/24/2020		
☐ SIMULATOR TEMPERATURE (34°C ± 0.2	.°C) SIMULATOR SN	SIMULATOR EXP DATE		
less. Check the box corresponding to the st 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B		E E		
TEST 1 ☞ .095	EST 2 ☞ .095	TEST 3 .096		
☑ 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 (004) 0	(.0509) 0 (.1014) 0	(.1519) 1 (OVER .19) 1		
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).				
Replaced battery pack in printer.				
INSPECTING OFFICER				
SIGNATURE		PRINT NAME PO JAHNS, DSN 3725		
TYPE II PERMIT NUMBER/EXPIRATION DATE		TELEPHONE NUMBER		
290%9 02/20/2021		(636) 529-8210		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Boulevard Poolar Bluff MO 63901				

Air Blank: 06/09/20 10:06 .000 Calibration Check: 24 06/09/20 10:06 .095 Subject Name Subject L.D. Operator Name, I.D. Location AS IV Serial no: 111742 Version no: 532B TEST RECORD 00318 Temp Date Air Blank: 06/09/20 10:08 .000 Calibration Check: 25 06/09/20 10:08 .095 Subject Name Subject I.D. Operator Name, I.D.

AS IV Serial no: 111742

TEST RECORD 00317

Time 210L

Version no: 532B

Temp Date

AS IV Serial no: 111742
Version no: 532B

TEST RECORD 00319
9/
Temp Date Time 210L

Air Blank: 06/09/20 10:09 .000
Calibration Check: 26 06/09/20 10:09 .096

Subject Name

Al Chet?

Subject I.D.

Operator Name, I.D.

Jahns 305
Location

MNOA / MC

TEST RECORD 00320
Temp Date Time 210L
VOID: RFI
12 06/09/20 10:10
Subject Name

PH Chih
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111742



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 108cacd

Exp. Date

Component

Certified Concentration

24-Oct-2020

Ethanol Nitrogen $0.100 \pm 2\%$ BrAC (272 ppm)

Balance

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

Serial No.	Concentration	Serial No.	Concentration
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:

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.

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DATE	Wa none
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290039	
EXPIRES 2/20/2021	A COLLEGE
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
10 680-0771 (6-10)	LAP-4 (FI6-10)