



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 111743	PRINTER SN 09B.3589.517	DATE OF INSPECTION 03/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 10:10 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 # AG912204 EXP. DATE 05/02/2021

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 → .102

TEST 3 → .103

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
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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).

Instrument operating within MO DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE

[Handwritten Signature]
4/18/20

PRINT NAME

P.O. Jason A. Lederer

TYPE II PERMIT NUMBER/EXPIRATION DATE

290190/08/26/2021

TELEPHONE NUMBER

(816) 452-4613

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2075 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00499

Temp Date Time ^{9/} 210L

Air Blank:
03/05/20 22:22 .000
Calibration Check:
24 03/05/20 22:22 .102

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00500

Temp Date Time ^{9/} 210L

Air Blank:
03/05/20 22:24 .000
Calibration Check:
24 03/05/20 22:24 .102

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00501

Temp Date Time ^{9/} 210L

Air Blank:
03/05/20 22:27 .000
Calibration Check:
25 03/05/20 22:27 .103

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00502

Temp Date Time ^{9/} 210L

VOID: RFI
12 03/05/20 23:18

Subject Name

REF CK

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00504

Temp Date Time ^{9/} 210L

Air Blank:
03/05/20 23:27 .000
Subject Test: Auto
25 03/05/20 23:27 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

Levegel + 118/162

Location

Permit # 29-190

Exp Date 08/26/21



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: 6-May-2019

Lot # AG912204 Model 108cacd

Exp. Date

2-May-2021

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.

EB0010581

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

RGM Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

CRM Serial No.

CC434668

Concentration

800.0 ppm

CC234503

253.0 ppm

CRM Serial No.

0056649

Concentration

390.1 ppm

0056662

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2019.05.17 12:36:24 -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
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT
TYPE II
JASON A LEDERER

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 8/26/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290190

EXPIRES 8/26/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO,680-0771 (9-10)

LAP-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 **LEDERER, JASON**
Permit No **290190**
Date Issued **8/26/2019** Date Expires **8/26/2021**

