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By Tracy Crews at 11:23 am, Jul 07, 2020

2004/007



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 07/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 4:05 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 → .103

TEST 2 → .102

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
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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  2/18/162

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
 2875 James Boulevard
 Poplar Bluff, MO 63901

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00523

Temp Date Time 210L

Air Blank:
07/03/20 16:16 .000
Calibration Check:
22 07/03/20 16:16 .100

Subject Name

Subject I.D.

TEST #1

Operator Name, I.D.

Location

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00524

Temp Date Time 210L

Air Blank:
07/03/20 16:17 .000
Calibration Check:
23 07/03/20 16:17 .100

Subject Name

Subject I.D.

TEST #2

Operator Name, I.D.

Location

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00525

Temp Date Time 210L

Air Blank:
07/03/20 16:19 .000
Calibration Check:
15 07/03/20 16:19 .101

Subject Name

Subject I.D.

TEST #3

Operator Name, I.D.

Location

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00526

Temp Date Time 210L

VOID: RFI
12 07/03/20 16:20

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00527

Temp Date Time 210L

Air Blank:
07/03/20 16:21 .000
Subject Test: auto
24 07/03/20 16:21 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEOCEL 4/18/162

Location

PERMIT # 290180

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 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
2-May-2021	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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	52.61 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	0058662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2019.05.17 12:35:24 -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

NUMBER 290190

EXPIRES 8/26/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-0771 (8-10)

LAB-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 8/28/2019 Date Expires 8/28/2021