



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:03 am, Feb 10, 2020

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 111744	PRINTER SN 09B.3589.439	DATE OF INSPECTION 02/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. County Dr, Columbia		TIME OF INSPECTION 3:35 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG908401</u> EXP. DATE <u>03/25/2021</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 .100	TEST 2 .100	TEST 3 .100
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	(0-.04)	0	(.05-.09)	2	(.10-.14)	1	(.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 calibrated using Guth Laboratories, Inc., simulator solution giving a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%, lot number 19160, with an expiration date of July 9, 2021. Simulator used was a Guth Laboratories, Inc., model 10-4D, serial number SD2218, with an expiration date of June 18, 2020. Instrument left operating satisfactorily and within established limits.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Steven H. Verble
TYPE II PERMIT NUMBER/EXPIRATION DATE 290102, 05/03/2021	TELEPHONE NUMBER (573) 875-1111

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

MS IV Serial no: 111744
Version no: 532B

TEST RECORD 00366
Temp Date Time 210L

Air Blank
02/10/20 00:36 .000
Calibration Check:
24 02/10/20 00:36 .100

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

MS IV Serial no: 111744
Version no: 532B

TEST RECORD 00367
Temp Date Time 210L

Air Blank
02/10/20 00:41 .000
Calibration Check:
24 02/10/20 00:41 .100

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

MS IV Serial no: 111744
Version no: 532B

TEST RECORD 00368
Temp Date Time 210L

Air Blank
02/10/20 00:45 .000
Calibration Check:
25 02/10/20 00:45 .100

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia

MS IV Serial no: 111744
Version no: 532B

TEST RECORD 00369
Temp Date Time 210L

Air Blank
02/10/20 00:50
Calibration Check:
25 02/10/20 00:50

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location
2111 E. County Dr
Columbia



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: 26-Mar-2019

Lot # AG908401 Model 108cacc

<u>Exp. Date</u>	<u>Com. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
25-Mar-2021	108	Ethanol	0.100 ± 2% BRAC (272 ppm)
		Nitrogen	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>
EB0010591	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: 2019.03.26 12:19:35 -0500
Reason: My 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



**PERMIT
TYPE II**

STEVEN H VERBLE

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.

DATE 5/3/2019 _____
NUMBER 290102 _____
EXPIRES 5/3/2021 _____
MO 390-0771 (8-13)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L-03-4 (85-10)

