



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 111744	PRINTER SN 09B.3589.439	DATE OF INSPECTION 12/25/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. County Dr, Columbia	TIME OF INSPECTION 2:38 am
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG023902</u> EXP. DATE <u>08/26/2022</u>
<input type="checkbox"/> 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 .102
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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)	2	(.15-.19)	1	(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 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

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00456
Temp Date Time 210L
s/

Air Blank:
12/25/20 02:38 .000
Calibration Check:
21 12/25/20 02:38 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Verble, 290102

Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00457
Temp Date Time 210L
s/

Air Blank:
12/25/20 02:41 .000
Calibration Check:
22 12/25/20 02:41 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Verble, 290102

Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00458
Temp Date Time 210L
s/

Air Blank:
12/25/20 02:44 .000
Calibration Check:
22 12/25/20 02:44 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Verble, 290102

Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00459
Temp Date Time 210L
s/

VOID: RFI
12 12/25/20 02:46

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Verble, 290102

Location

2111 E. County Dr

Columbia



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

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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 985-3771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB 4 (R6-10)



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: 27-Aug-2020

Lot # AG023902 Model 108caod

Exp. Date 26-Aug-2022 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.	Concentration	RGM 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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 2020.08.27 19:06:48 -05:00
Reason: I am the originator of this 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

INSTRUMENT OPERATOR CARD

The named individual is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of a person in Missouri.

Operator: VERBLE, STEVEN
Permit No. 290102
Date Issued 5/3/2019 Date Expires 5/3/2021