



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 11:49 am, Jan 16, 2020

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 111765 | PRINTER SN 09B.3589.431 | DATE OF INSPECTION 01/08/2020 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. warrensburg Mo 64093 (MSC) | TIME OF INSPECTION 3:12 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> | LOT # <u>AG910005</u> EXP. DATE <u>04/10/2021</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 • .098 | TEST 2 • .100 | TEST 3 • .100 |
|---------------|---------------|---------------|

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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|----------|---------|-----------|-----------|-----------|------------|

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).

New Placement Jackson County Sheriff's Office

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE | PRINT NAME Matthew Bond |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 290214 09/19/2021 | TELEPHONE NUMBER (660) 543-4597 |

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: 111765
Version no: 532B

TEST RECORD 00070

Temp Date Time ^{g/} 210L

Air Blank:
01/08/20 15:12 .000
Calibration Check:
20 01/08/20 15:12 .098

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00071

Temp Date Time ^{g/} 210L

Air Blank:
01/08/20 15:13 .000
Calibration Check:
21 01/08/20 15:13 .100

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00072

Temp Date Time ^{g/} 210L

Air Blank:
01/08/20 15:15 .000
Calibration Check:
22 01/08/20 15:15 .100

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00073

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/08/20 15:17

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00074

Temp Date Time ^{g/} 210L

Air Blank:
01/08/20 15:18 .000
Subject Test: Auto
24 01/08/20 15:18 .000

Subject Name

BLANK

Subject I.D.

TEST

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC



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: 12-Apr-2019

Lot # AG910005 Model 108caccd


| | | | |
|--|--------------------------------|--|---|
| <u>Exp. Date</u> 10-Apr-2021 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 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> EB0010581 | <u>Concentration</u> 392.1 ppm | <u>RGM Serial No.</u> EB0010603 | <u>Concentration</u> 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> CC434668 | <u>Concentration</u> 800.0 ppm | <u>CRM Serial No.</u> 0056649 | <u>Concentration</u> 390.1 ppm |
| CC234503 | 253.0 ppm | 0056662 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2019.04.17 17:37:36 -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**

MATT B BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXLYZER 8000, INTOX EC/IR II, ASIV W/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 9/19/2019

NUMBER 290214

EXPIRES 9/19/2021

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4, (RS-40)