

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crows at 10:10 am, Ju

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in duplicate at the time of Send copy to Department of Health and Senior                                           |                                         |                                 | nce check, and       | l whenev   | er instrument is repaired.  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|----------------------|------------|-----------------------------|
| ALCO SENSOR IV SN<br>111765                                                                                                             |                                         |                                 |                      | 05/12/2    | INSPECTION<br>2020          |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court Lee's Summit Missouri 64064                                             |                                         |                                 |                      | 7:53 p     | NSPECTION<br>M              |
| CHECKLIST: Place a mark in the box by each                                                                                              |                                         | sfactory or if operatin         | g within establi     |            |                             |
| ues where determined.) Unmarked items mus                                                                                               | st be corrected before us               | sing instrument.                |                      |            |                             |
| DIGITAL READOUT (ALL ELEMENTS O                                                                                                         | PERATIONAL)                             |                                 |                      |            |                             |
| TEMPERATURE OF ALCO SENSOR (10                                                                                                          | 0°C - 40°C)                             |                                 |                      |            |                             |
| PRINTER WORKING PROPERLY                                                                                                                |                                         |                                 |                      |            |                             |
| ☑ TIME AND DATE DISPLAYING PROPER                                                                                                       | RLY                                     |                                 |                      |            |                             |
| BREATH ALCOHOL ACCURACY STANDAR                                                                                                         | RDS                                     |                                 |                      |            |                             |
| SIMULATOR SOLUTION                                                                                                                      |                                         | COMPRESSE                       | D ETHANOL-G          | AS MIXT    | URE                         |
| STANDARD SUPPLIER Intoximeter                                                                                                           |                                         | OT # AG006306                   | EXP. DATE            | 03/03/2022 |                             |
| SIMULATOR TEMPERATURE (34°C ± 0                                                                                                         | 0.2°C) SIMI                             | JLATOR SN                       | SIMU                 | LATOR E    | XP DATE                     |
| 0.100% STANDARD - MUST READ     0.080% STANDARD - MUST READ     0.040% STANDARD - MUST READ                                             | BETWEEN 0.076% and                      | 1 0.084% INCLUSIVE              | Ē                    |            |                             |
| TEST 1 <b>☞</b> .098                                                                                                                    | TEST 2 <b>☞</b> .097                    |                                 | TEST 3 <b>☞</b> .097 |            |                             |
| ☑ 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 (004) 0                                                                                                                      | (.0509)                                 | (.1014) 0                       | (.1519)              | 0          | (OVER .19) 0                |
| List any new parts and describe any alterati established limits (use other side if necessar                                             | on or modification that v               | vas made to restore             | the instrument       | to opera   | te satisfactorily and withi |
| Instrument meets all DOHSS standards                                                                                                    |                                         |                                 |                      |            |                             |
|                                                                                                                                         |                                         |                                 |                      |            |                             |
|                                                                                                                                         |                                         |                                 |                      |            |                             |
|                                                                                                                                         |                                         |                                 |                      |            |                             |
| 11                                                                                                                                      |                                         |                                 |                      |            |                             |
| INSPECTING OFFICER                                                                                                                      |                                         |                                 | PRINT NAME           |            |                             |
| SIGNATURE                                                                                                                               |                                         | DEP. D. LO                      | VE #61               |            |                             |
| TYPE II PERMIT NUMBEN EXPIRATION DATE 200052/01-10-2022                                                                                 |                                         | TELEPHONE NUMBER (816) 524-4300 |                      |            |                             |
|                                                                                                                                         | Alcohol Program, MO De<br>mes Boulevard | partment of Health a            | nd Senior Serv       | rices, Sou | theast District Office      |
|                                                                                                                                         | Bluff, MO 63901                         |                                 |                      |            |                             |

AS IV Serial no: 111765 Version no: 532B

TEST RECORD 00125

210L Time Temp Date

AS IU Serial no: 111765

Version no:

87/18/28 28:44 .888 Air Blank:

TEST RECORD 00124

Calibration Check: 26 87/18/28 28:44 .098

210L

Time

Date

Teme

Subject Name Subject f.D. MONTHY

Operator Name, I.D. HECK #98

24 87/18/28 28:42 .898

67/16/20 20:42 .000

Air Blank:

Calibration Check:

5650 Location

5050 GHQ HEOK, 28

AS IV Serial no: 111765 Version no:

210L TEST RECORD 00126 Time Date Temp

Calibration Check: 26 07/10/20 20:47 .098 87/18/28 28:47 .888 Air Blank:

Subject T.D. MONTHY MA Subject Name

Operator Name,

Location

AS IV Serial no: 111765 Version no: 532B

210L TEST RECORD 00127 Time Date Temp

12 07/10/20 20:49 UOID: RFI

Subject Name

Subject 1. D. MONTHIY

Uperator Name, I.D.

JCSO GHO

Location



#### 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

Test Date: 12-Apr-2019

St. Louis, Mo 63146

Lot # AG910005 Model 108cacd

Exp. Date 10-Apr-2021 Cyl. Type 108

Component

Certified Concentration

Ethanol

 $0.100 \pm 2\%$  BrAC (272 ppm)

Nitrogen

Balance

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

Concentration RGM Serial No. 392.1 ppm EB0010581 EB0010570 259.8 ppm 208.0 ppm EB0010285 103.6 ppm EB0010561 EB0010681 52.12 ppm

> Concentration 800.0 ppm

**RGM Serial No.** EB0010603 EB0010559 EB0010595 EB0010562 EB0010579

258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm Concentration

393.0 ppm

Concentration

CC434668 CC234503

CRM Serial No.

253.0 ppm

CRM Serial No. 0056649 0056662

390.1 ppm 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:

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

# **DUSTIN B. LOVE**

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.

| DATE1/10/2020     | wante                                                |
|-------------------|------------------------------------------------------|
| DATE              | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 200052     |                                                      |
| EXPIRES 1/10/2022 | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (6-10)

LAB-4 (R6-10)





# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Z WASHEST Z                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------|--|--|
| Complete this report in duplicate at the time of Send copy to Department of Health and Senior                                                                                                                                                                                                                                                                                                                                     |                                              | enance check, and whenever instrument is repaired.                              |  |  |
| ALCO SENSOR IV SN<br>062087                                                                                                                                                                                                                                                                                                                                                                                                       | PRINTER SN 03A.2436.034                      | DATE OF INSPECTION 06/10/2020                                                   |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court                                                                                                                                                                                                                                                                                                                                                                   |                                              | TIME OF INSPECTION<br>8:46 pm                                                   |  |  |
| CHECKLIST: Place a mark in the box by each                                                                                                                                                                                                                                                                                                                                                                                        | item if found to be satisfactory or if opera | ating within established limits. (Write in observed val-                        |  |  |
| ues where determined.) Unmarked items must                                                                                                                                                                                                                                                                                                                                                                                        | be corrected before using instrument.        |                                                                                 |  |  |
| DIGITAL READOUT (ALL ELEMENTS OP                                                                                                                                                                                                                                                                                                                                                                                                  | ERATIONAL)                                   |                                                                                 |  |  |
| TEMPERATURE OF ALCO SENSOR (10°                                                                                                                                                                                                                                                                                                                                                                                                   | °C - 40°C)                                   |                                                                                 |  |  |
| PRINTER WORKING PROPERLY                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                 |  |  |
| TIME AND DATE DISPLAYING PROPERL                                                                                                                                                                                                                                                                                                                                                                                                  | A.331                                        |                                                                                 |  |  |
| BREATH ALCOHOL ACCURACY STANDARD                                                                                                                                                                                                                                                                                                                                                                                                  | DS                                           |                                                                                 |  |  |
| SIMULATOR SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                | ☑ COMPRES                                    | SED ETHANOL-GAS MIXTURE                                                         |  |  |
| STANDARD SUPPLIER Intoximeters                                                                                                                                                                                                                                                                                                                                                                                                    | LOT # AG006306                               | EXP. DATE <u>03/03/2022</u>                                                     |  |  |
| SIMULATOR TEMPERATURE (34°C ± 0.2                                                                                                                                                                                                                                                                                                                                                                                                 | 2°C) SIMULATOR SN                            | SIMULATOR EXP DATE                                                              |  |  |
| 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 1 ★ .102 TEST 2 ★ .101 TEST 3 ★ .101    |                                                                                 |  |  |
| ☑ RFI DETECTOR OPERATING                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                 |  |  |
| INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T                                                                                                                                                                                                                                                                                                                                                            |                                              | CE THE LAST MAINTENANCE REPORT:                                                 |  |  |
| ľ.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                 |  |  |
| REFUSALS 1 (004) 0                                                                                                                                                                                                                                                                                                                                                                                                                | (.0509) 0 (.1014) 1                          | (.1519) 0 (OVER .19) 0  ore the instrument to operate satisfactorily and within |  |  |
| established limits (use other side if necessary)                                                                                                                                                                                                                                                                                                                                                                                  |                                              | ore the monather to operate eatherers, and within                               |  |  |
| Instrument meets all DOHSS standards a                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                 |  |  |
| Instrument meets an DOI 133 standards a                                                                                                                                                                                                                                                                                                                                                                                           | and guidelines. Time restroi be i            |                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                 |  |  |
| INSPECTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                 |  |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | D. LOVE #61                                                                     |  |  |
| TYPE II PERMIT NUMBER - X MATION DATE 200052/01-10-2022                                                                                                                                                                                                                                                                                                                                                                           |                                              | TELEPHONE NUMBER (816) 795-1960                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   | cohol Program, MO Department of Healt        | h and Senior Services, Southeast District Office                                |  |  |
| 2875 Jam                                                                                                                                                                                                                                                                                                                                                                                                                          | nes Boulevard<br>uff, MO 63901               |                                                                                 |  |  |

| AS IV Serial no: 062087<br>Version no: 532B | TEST RECORD 00902 /<br>a/<br>Temp Date Time 210L | 2000 00 00 00 00 00 00 00 00 00 00 00 00                                          | Subject Name Mootel Name                       | Subject 1.D.  D. Loue #6/                     | JCSO 6742<br>Location |
|---------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|
| AS IV Serial no: 062087<br>Version no: 5328 | TEST RECORD 00901<br>9/<br>Temp Date Time 210L   | Air Blank:<br>07/10/20 20:51 .080<br>Calibration Check:<br>30 07/10/20 20:51 .099 | Subject Name                                   | Subject 171.  D. Love 61  OPerator Name, 1.1. | J150 GHQ<br>Location  |
| 98 IV Serial no: 862087<br>Version no: 532B | Temp Date Time 210L                              | Air Blank:<br>87/18/28 28:48 .888<br>Calibration Check:<br>29 87/18/28 28:48 .899 | Subject Name<br>Mov7HIY MHIS F<br>Subject 1.D. | D. Look "L. I. D. Operator Name, I.D.         | J850 6HQ<br>Location  |

;4

AS JU Serial no: 862087

Version no: 5328

TEST RECORD 88983

TEST RECORD 88983

VOID: RFI

12 87/16/28 28:56

Subject Name

MCATHU INAINA

Subject Name

D. Lai & Color

Charator Name, I.D.

DCS 0 6H/Q



#### Airgas USA LLC (LAB)

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Fax: (314) 533-7328

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Lot # AG910005 Model 108cacd

Exp. Date 10-Apr-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.         Concentration           EB0010581         392.1 ppm           EB0010570         259.8 ppm           EB0010285         208.0 ppm           EB0010561         103.6 ppm           EB0010681         52.12 ppm | RGM Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 | Concentration<br>393.0 ppm<br>258.2 ppm<br>208.3 ppm<br>104.2 ppm<br>52.81 ppm |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------|
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------|

| CRM Serial No. | Concentration | <u>CRM Serial No.</u> | 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: 2019.04.17 17:37:36-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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| DATE 1/10/2020    | when                                                 |  |  |
|-------------------|------------------------------------------------------|--|--|
|                   | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |  |  |
| NUMBER 200052     |                                                      |  |  |
| EXPIRES 1/10/2022 | for Villen                                           |  |  |
|                   | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |  |  |

MO 580-0771 (6-10)

LAB-4 (R6-10)

