



RECEIVED

By Stephen Wilson at 1:26 pm, May 05, 2020

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 113778 - St. Louis County PD	PRINTER SN 161037263	DATE OF INSPECTION 05/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) MODOT TMC - 14301 South Outer 40 Road, Chesterfield, MO 63017		TIME OF INSPECTION 9:15 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) <i>20°C</i>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <i>05/05/20</i>

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>AG829708</u> EXP. DATE <u>10/24/2020</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 <i>.101</i>	TEST 2 <i>.100</i>	TEST 3 <i>.099</i>
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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)	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).

INSPECTING OFFICER

SIGNATURE <i>D. Rose</i>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 290248 10/16/2021	TELEPHONE NUMBER (636) 529-8210

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: 113778
Version no: 532C

TEST RECORD 00258

Temp Date Time ^{9/}21OL

Air Blank:
05/05/20 09:15 .000
Calibration Check:
20 05/05/20 09:15 .101

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2221

Location

MODOT TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00259

Temp Date Time ^{9/}21OL

Air Blank:
05/05/20 09:17 .000
Calibration Check:
21 05/05/20 09:17 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2221

Location

MODOT TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00260

Temp Date Time ^{9/}21OL

Air Blank:
05/05/20 09:19 .000
Calibration Check:
22 05/05/20 09:19 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2221

Location

MODOT TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00261

Temp Date Time ^{9/}21OL

VOID: RFI
12 05/05/20 09:20

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2221

Location

MODOT TMC



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: 25-Oct-2018

Lot # AG829708 Model 108cacd

Exp. Date

24-Oct-2020

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

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

Serial No.

EB0010581
EB0010570
EB0010285
EB0010561
EB0010681

Concentration

392.1 ppm
259.8 ppm
208.0 ppm
103.6 ppm
52.12 ppm

Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

393.0 ppm
258.2 ppm
208.3 ppm
104.2 ppm
52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2018.10.25 14:13:39 -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



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

2

**PERMIT
TYPE II**

DAVID M ROSE

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 10/16/2019



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290248

EXPIRES 10/16/2021



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES