

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE STATE PUBLIC HEALTH LABORATORY

# **RECEIVED**

By Stephen Wilson at 11:20 am, Aug 07, 2020

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

REPORT #7

										•
Complete this report in Send copy to Departm								nd whene	ever instrument is	repaired.
ALCO SENSOR IV SN						Depa	rtment	1	NSPECTION 7/2020	
LOCATION OF INSTRUMENT (STREET AND CITY)								· ·	INSPECTION	
MODOT TMC - 14301 South Outer 40 Rd, Chesterfield, MO 630 CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operat								9:39		··- · · · · · · · · · · · · · · · · · ·
where determined.) Ur		-			• •	erating	within establis	shed limits	s. (Write in observ	ed values
☑ DIGITAL READOL	JT (ALL ELEM	ENTS O	PERATIONAL)	)						
☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 20°C										
☐ PRINTER WORKING PROPERLY										
☑ TIME AND DATE				20 0	9:39		······································			
BREATH ALCOHOL A	CCURACY S	<u>randar</u>	RDS							
$\square$ SIMULATOR SOL	UTION				☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER Intoximeters					LOT # AG829708 EXP. DATE 10/24/2020					
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C)				s	IM. SN		SIM. NIST EXP DATE			
☐ 0.080% STAN	x correspondin IDARD - MUS IDARD - MUS	g to the ΓREAD ΓREAD	standard solut BETWEEN 0.0 BETWEEN 0.0	ion bein 095% ar 076% ar		TOUT / LUSIV	ATTACHED) E E	and mus	t have a spread	of .005 or
TEST 1 ★ .101 TEST 2 ★ .10				01	TEST 3 <b>☞</b> .100					
☑ RFI DETECTOR C	PERATING									
INDICATE THE NUME (DO NOT INCLUDE S				LLOWII	NG RANGES S	SINCE	THE LAST MA	AINTENA	NCE REPORT:	
REFUSALS 0	(004)	0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and established limits (use				on that	was made to I	restore	the instrumen	t to opera	ate satisfactorily a	and within
INSPECTING OFFICE	R						<b>Y</b>	, <u>, , , , , , , , , , , , , , , , , , </u>		
SIGNATURE	,						PRINT NAME			
1 For Rose 2721							Officer D. Rose, DSN 2721			
TYPE II PERMIT NUMBER/EXPIRATION DATE 290248 10/16/2021							TELEPHONE NUMBER ( 636 ) 529-8210			
Return completed rep			cohol Program ax, or email.	, MO De	epartment of H	ealth a	nd Senior Sen	/ices, Sοι	theast District O	ffice

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00271

Temp Date Time 210L

Air Blank: 08/07/20 09:41 .000
Calibration Check: 20 08/07/20 09:41 .101

Subject Name

LA

Subject I.D.

AJA

Operator Name, I.D.

Location

Mapat TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00272

Temp Date Time 210L

Air Blank: 08/07/20 09:42 .000
Calibration Check: 21 08/07/20 09:42 .100

Subject Name

N/\*
Subject I.D.

U/H

Operator Name, I.D.

Roscz71
Location

Majot TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00273

Jemp Date Time 210L

VOID: RFI
12 08/07/20 09:43

Subject Name

AP

Subject I.D.

AP

Operator Name, I.D.

Location

Maps (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

Cyl. Type

<u>Component</u>

<u>Certified Concentration</u>

24-Oct-2020

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

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

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	<b>Concentration</b>
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

**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:

Pod Marcala

Rou Maisala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 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.

DATE10/16/2019	Wa no
DAIL IVIIII DID	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290248	
EXPIRES 10/16/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LAB-4 (R6-10)