

By Tracy Crews at 2:02 pm, Apr 23, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

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

REPORT #7

Complete this report in duplicate at the time of the Send copy to Department of Health and Senior Se			and whenever instrument is repaired.	
ALCO SENSOR IV SN 043580	NAME OF AGENCY Saint Charles County F	olice Department	DATE OF INSPECTION 04/18/2021	
LOCATION OF INSTRUMENT (STREET AND CITY)  101 Sheriff Dierker Court, O'Fallon, Missouri 63366			TIME OF INSPECTION 11:09 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.				
☑ 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				
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Intoximeters	LOT # /	AG027203 EXP. DA	TE 05/28/2022	
SIMULATOR TEMPERATURE (34°C ± 0.2°	C) SIM. SN	SIM	I. NIST EXP DATE	
<ul> <li>✓ 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     </li> </ul>				
TEST 1 • .079	ST 2 * .079	TEST 3	.078	
☑ 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) 0 (.10	(.1519)	0 (OVER .19) 0	
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		1474 P. S. T. D. S. B. S. L. B. S. S. B.		
SIGNATURE SEM ROGO		PRINT NAME Scott Ron	ald	
TYPE II PERMIT NUMBER/EXPIRATION DATE		TELEPHONE NUM	MBER	
200202 / July 8, 2022		(636) 949-	3000	
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office				

by mail, fax, or email.

AS IV Serial no: 043580 Version no: 5320

TEST RECORD 00309

Temp Date Time 210L

Air Blank: 04/18/21 11:09 .000 Calibration Check: 20 04/18/21 11:09 .079

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

Scott RONALD 676 200202

Location

SCCPD

AS IV Serial no: 043580 Version no: 532C

TEST RECORD 00310

9/ 2101

Temp Date Time 210L

Air Blank:

04/18/21 11:11 .000

Calibration Check:

21 04/18/21 11:11 .079

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.B.

ScOTT RONALD 676 200202

Location

SCCPO

AS IV Serial no: 043580 Version no: 532C

TEST RECORD 00311

Temp Date Time 210L

Air Blank:

04/18/21 11:12 .000

Calibration Check: 21 04/18/21 11:12 .078

21 04/18/21 11:12 .

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

SOTT RONALD GTG 200202

Location

SCCPD

AS IV Serial no: 043580 Version no: 532C

TEST RECORD 00312

Temp Date Time 21**0L** 

VOID: RFI

12 04/18/21 11:13

Subject Name

TEST VOED

Subject I.D.

RFI

Operator Name, I.D.

Scott RONALOGIC 200202

Location

SCEPD

AS IV Serial no: 043580 Version no: 5320

TEST RECORD 00313

9/ Temp Date Time 210L

Air Blank:

04/18/21 11:14 .000

Subject Test: Auto

22 04/18/21 11:14 .000

Subject Name

SELF TEST

Subject I.D.

#1

Operator Name, I.D.

SCOTT RONALD 676 200202

Location

SCCAD



#### 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: 29-Sep-2020

Lot # AG027203 Model 34cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

28-May-2022

Ethanol Nitrogen  $0.082 \pm 0.002$  BrAC (223 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: 2020.09.30 20:00:06 -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

## SCOTT RONALD

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.

DATE	wante		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200202			
EXPIRES 7/8/2022	for Ullelen		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)

