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By Tracy Crews at 7:58 am, Sep 10, 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 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 062087 PRINTER SN 03A.2436.034 DATE OF INSPECTION 09/08/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court, Lee's Summit, MO 64064 TIME OF INSPECTION 9:57 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
STANDARD SUPPLIER Intoximeters LOT # AG006306 EXP. DATE 03/03/2022
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 .101 TEST 2 .101 TEST 3 .101

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

Table with 7 columns: REFUSALS, (0-.04), (.05-.09), (.10-.14), (.15-.19), (OVER .19). Values: 0, 0, 0, 0, 0, 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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE [Signature] PRINT NAME Deputy Sean Plain
TYPE II PERMIT NUMBER/EXPIRATION DATE 200054 01/10/2022 TELEPHONE NUMBER (816) 795-1960

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: 062087  
Version no: 532B

TEST RECORD 01004  
Temp Date Time 21:01 s/

Air Blank:  
09/08/21 21:57 .000  
Calibration Check:  
21 09/08/21 21:57 .101

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Dep. S. Phan #102*  
Location  
JCSO GHB

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01005  
Temp Date Time 22:01 s/

Air Blank:  
09/08/21 22:01 .000  
Calibration Check:  
21 09/08/21 22:01 .101

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Dep. S. Phan #102*  
Location  
JCSO GHB

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01006  
Temp Date Time 22:04 s/

Air Blank:  
09/08/21 22:04 .000  
Calibration Check:  
22 09/08/21 22:04 .101

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Dep. S. Phan #102*  
Location  
JCSO GHB

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01008  
Temp Date Time 22:06 s/

VOID: RFI  
12 09/08/21 22:06

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Dep. S. Phan #102*  
Location  
JCSO GHB



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:** 4-Mar-2020

**Lot # AG006306 Model 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Mar-2022	108	Ethanol Nitrogen	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>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
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: 2020.03.05 13:27:24 -06:00  
 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

2

**PERMIT**  
**TYPE II**  
**SEAN PLAIN**

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 1/10/2020

NUMBER 200054

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator PLAIN, SEAN  
 Permit No 200054  
 Date Issued 1/10/2020 Date Expires 1/10/2022

