



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 062092	PRINTER SN 03A.2436.036	DATE OF INSPECTION 06/02/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 1:07 am
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**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG006306</u>	EXP. DATE <u>03/03/2022</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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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 ➡ .103	TEST 2 ➡ .102	TEST 3 ➡ .101
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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	1	(0-.04)	0	(.05-.09)	2	(.10-.14)	2	(.15-.19)	0	(OVER .19)	1
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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).

Instrument meets all DHSS standards and guidelines. Time changed due to daylight savings.

*(Handwritten signature area)*

**INSPECTING OFFICER**

SIGNATURE ▶ <i>(Signature)</i>	PRINT NAME DEPUTY DUSTIN B. LOVE
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200052 01-10-2022	TELEPHONE NUMBER (816) 541-8017
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**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Ponlar Bluff MO 63901

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01520  
s/  
Temp Date Time 210L

Air Blank: 06/02/21 01:09 .000  
Calibration Check: 24 06/02/21 01:09 .102

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

Operator Name, I.D.  
*D.P. D.B. Love #200052*

Location  
*JCSO-GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01519  
s/  
Temp Date Time 210L

Air Blank: 06/02/21 01:07 .000  
Calibration Check: 23 06/02/21 01:07 .103

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

Operator Name, I.D.  
*D.P. D.B. Love #200052*

Location  
*JCSO-GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01521  
s/  
Temp Date Time 210L

Air Blank: 06/02/21 01:12 .000  
Calibration Check: 26 06/02/21 01:12 .101

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

Operator Name, I.D.  
*D.P. D.B. Love #200052*

Location  
*JCSO-GHQ*

AS IV Serial no: 062092  
Version no: 532B

TEST RECORD 01522  
s/  
Temp Date Time 210L

Air Blank: 06/02/21 01:14  
Calibration Check: 12 06/02/21 01:14

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

Operator Name, I.D.  
*D.P. D.B. Love #200052*

Location  
*JCSO-GHQ*



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 108cacc**

<b>Exp. Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
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:**

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



**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.

DATE 1/10/2020

NUMBER 200052

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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 LOVE, DUSTIN  
 Permit No 200052  
 Date Issued 1/10/2020 Date Expires 1/10/2022