



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 070763	PRINTER SN 083C.3556.249	DATE OF INSPECTION 03/31/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 8 Municipal, Park Hills, MO.	TIME OF INSPECTION 1:36 pm
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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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeter INC.</u>	LOT # <u>AG919602</u> EXP. DATE <u>07/15/2021</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>N/A</u>	SIMULATOR SN <u>N/A</u> 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 ➡ .079	TEST 2 ➡ .080	TEST 3 ➡ .080
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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).

This instrument is operating properly

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Todd Inerra
TYPE II PERMIT NUMBER/EXPIRATION DATE 210050	TELEPHONE NUMBER (573) 431-3122

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



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: 16-Jul-2019

Lot # AG919602 **Model** 108cacd

Exp. Date

15-Jul-2021

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)

Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00786

Temp Date Time ^{9/} 210L

Air Blank:
03/31/21 13:36 .000
Calibration Check:
23 03/31/21 13:36 .079

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D

Location

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00787

Temp Date Time ^{9/} 210L

Air Blank:
03/31/21 13:38 .000
Calibration Check:
24 03/31/21 13:38 .000

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D

Location

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00788

Temp Date Time ^{9/} 210L

Air Blank:
03/31/21 13:40 .000
Calibration Check:
24 03/31/21 13:40 .000

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D

Location

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00789

Temp Date Time ^{9/} 210L

VOID: RFI
12 03/31/21 13:43

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D

Location

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00790

Temp Date Time ^{9/} 210L

Air Blank:
03/31/21 13:44 .000
Subject Test: Auto
25 03/31/21 13:44 .000

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D

Location



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



PERMIT
TYPE II
TODD D. INSERRA

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 3/31/2021

NUMBER 210050

EXPIRES 3/31/2023

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 INSERRA, TODD
Permit No 210050
Date Issued 3/31/2021 **Date Expires** 3/31/2023



RECEIVED

By Tracy Crews at 12:39 pm, Mar 22, 2021

APPROVED

By Brian Lutmer at 5:29 pm, Mar 30, 2021



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 280288 10/04/2020
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PRINT FULL NAME Todd Inserra	TITLE Sergeant, Detective	AGE 51
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A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP Park Hills Police Department	TELEPHONE (573) 431-3122
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 8 Municipal Park Hills, MO. 63601

EMAIL ADDRESS tinserra@parkhillsmo.net

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
9-9-2016	Type II Supervisor	40		<input type="checkbox"/>	Bob Welch
09-14-2016	Type II Lab ASIV w/pringter	8	ASVI w/printer	<input checked="" type="checkbox"/>	Bob Welch
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intoximeter INC. ASVI w/printer	2 MR'S OK BML	5 SELF-TESTS OK BML
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 03/22/2021
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
1903 Northwood Drive, Suite #4
Poplar Bluff, MO 63901