



**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 06/03/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 8 Municipal, Park Hills, MO.	TIME OF INSPECTION 1:15 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  .079	TEST 3  .079
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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

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Todd Insera
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

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00796

Temp	Date	Time	210L
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Air Blank:  
06/03/21 13:15 .000  
Calibration Check:  
22 06/03/21 13:15 .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 00797

Temp	Date	Time	210L
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Air Blank:  
06/03/21 13:17 .000  
Calibration Check:  
23 06/03/21 13:17 .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 00798

Temp	Date	Time	210L
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Air Blank:  
06/03/21 13:18 .000  
Calibration Check:  
24 06/03/21 13:18 .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 00799

Temp	Date	Time	210L
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VOID: RFI  
12 06/03/21 13:20

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 00800

Temp	Date	Time	210L
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Air Blank:  
06/03/21 13:21 .000  
Subject Test: Auto  
24 06/03/21 13:21 .000

Subject Name

Test

Subject I.D.

211

Operator Name, I.D.

P.H.P.D.

Location



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:**

<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

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**  
**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	
PRINT FULL NAME Todd Inserra		TITLE Sergeant, Detective	AGE 51
A disclosure concerning your SSN number is available at: <a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a>			
DEPARTMENT OR TROOP Park Hills Police Department		TELEPHONE (573) 431-3122	
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