



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 2:01 pm, Aug 06, 2021

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 07/06/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 8 Municipal, Park Hills, MO.	TIME OF INSPECTION 9:49 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeter INC. LOT # AG110402 EXP. DATE 04/14/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) N/A SIMULATOR SN N/A 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 ➔ .078

TEST 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	(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

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00805

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/06/21 09:49 .000  
Calibration Check:  
22 07/06/21 09:49 .078

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 00806

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/06/21 09:51 .000  
Calibration Check:  
22 07/06/21 09:51 .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 00807

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/06/21 09:52 .000  
Calibration Check:  
23 07/06/21 09:52 .078

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 00808

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 07/06/21 09:54

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 00809

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/06/21 09:55 .000  
Subject Test: Auto  
24 07/06/21 09:55 .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:** 14-Apr-2021

**Lot #** AG110402 **Model** 108cacd

**Exp. Date**

14-Apr-2023

**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

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 ppm

0056662

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.04.14 18:39:50 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 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
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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
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EMAIL ADDRESS tinserra@parkhillsmo.net
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**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