



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 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 04/21/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 107 West Main Street, Smithville MO 64089		TIME OF INSPECTION 10:39 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG931703</u> EXP. DATE <u>11/13/2021</u>	
<input type="checkbox"/> 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)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Norma Lorenzo
TYPE II PERMIT NUMBER/EXPIRATION DATE 290133 06/21/2021	TELEPHONE NUMBER (816) 532-0500

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: 087969
Version no: 004C

TEST RECORD 01624

Temp Date Time ^{9/} 210L

Air Blank:
04/21/20 22:39 .000
Calibration Check:
18 04/21/20 22:39 .101

Subject Name
TEST

Subject I.D.
#1

Operator Name, I.D.
6/21/2021
N LORENZO 290133

Location
107 W MAIN ST

SMITHVILLE MO 64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01625

Temp Date Time ^{9/} 210L

Air Blank:
04/21/20 22:41 .000
Calibration Check:
18 04/21/20 22:41 .101

Subject Name
TEST

Subject I.D.
#2

Operator Name, I.D.
6/21/2021
N LORENZO 290133

Location
107 W MAIN ST

SMITHVILLE MO 64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01626

Temp Date Time ^{9/} 210L

Air Blank:
04/21/20 22:44 .000
Calibration Check:
19 04/21/20 22:44 .101

Subject Name
TEST

Subject I.D.
#3

Operator Name, I.D.
6/21/2021
N LORENZO 290133

107 W Main ST
SMITHVILLE MO 64089

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01627

Temp Date Time ^{9/} 210L

Void: RFI
12 04/21/20 22:45

Subject Name
TEST

Subject I.D.
RFI

Operator Name, I.D.
6/21/2021
N LORENZO 290133

Location
107 W MAIN ST

SMITHVILLE MO 64089



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-Nov-2019

Lot # AG931703 Model 108cacc

<u>Exp. Date</u> 13-Nov-2021	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 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> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC434668 CC234503	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> 0056649 0056662	<u>Concentration</u> 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2019.11.18 13:46:50 -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

NORMA LORENZO

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, INTOX EC/IR II

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 6/21/2019

NUMBER 290133

EXPIRES 6/21/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)