



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:20 am, Jan 29, 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 087972	NAME OF AGENCY ST. LOUIS COUNTY PD	DATE OF INSPECTION 01/26/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 232 VANCE RD, VALLEY PARK	TIME OF INSPECTION 10:15 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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG015503</u> EXP. DATE <u>06/03/2022</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST 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 <input checked="" type="checkbox"/> 0.102	TEST 2 <input checked="" type="checkbox"/> 0.101	TEST 3 <input checked="" type="checkbox"/> 0.101
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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	(0-.04)	(.05-.09)	(.10-.14) 1	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE <i>P.O. Maloney 4427</i>	PRINT NAME MIKE MALONEY
TYPE II PERMIT NUMBER/EXPIRATION DATE 290063 / 03-08-2021	TELEPHONE NUMBER (636) 529-8210

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00491

Temp Date Time ^{s/} 210L

Air Blank:
01/26/21 10:16 .000
Calibration Check:
20 01/26/21 10:16 .102

Subject Name

Test # 1

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

232 Vance Rd

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00492

Temp Date Time ^{s/} 210L

Air Blank:
01/26/21 10:18 .000
Calibration Check:
20 01/26/21 10:18 .101

Subject Name

Test # 2

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

232 Vance Rd

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00493

Temp Date Time ^{s/} 210L

Air Blank:
01/26/21 10:20 .000
Calibration Check:
21 01/26/21 10:20 .101

Subject Name

Test # 3

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

232 Vance Rd

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00494

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/26/21 10:22

Subject Name

RFI Test

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

232 Vance Rd



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: 8-Jun-2020

Lot # AG015503 Model 108cacc

Exp. Date

3-Jun-2022

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 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: 2020.06.10 14:11:39 -05:00
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**

MICHAEL P MALONEY

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 DMT

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 806.111 through 806.119 RSMo.

DATE 3/8/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290063

EXPIRES 3/8/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES