



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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 03/16/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) Harrisonville PD 205 N. Lexington Harrisonville	TIME OF INSPECTION 3:38 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
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STANDARD SUPPLIER Intoximeters LOT # AG911506 EXP. DATE 04/25/2021

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 ← .081	TEST 2 ← .081	TEST 3 ← .081
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael Davis
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200222 08/13/2022	TELEPHONE NUMBER (816) 380-8940
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**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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER

FORM #8

SUBJECT'S NAME <b>TEST 1</b>		DATE OF TEST <b>03/16/21</b>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <b>097430</b>	PRINTER SERIAL NO. <b>096.3580.928</b>	LOCATION OF INSTRUMENT <b>HPD</b>
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <b>.081</b>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <b>MICHAEL JAVIS</b>	PERMIT NO. <b>200222</b>	EXPIRATION DATE <b>08/13/22</b>
WITNESS (IF ANY)		DATE <b>03/16/21</b>

Case Number : \_\_\_\_\_

AS IV Serial no: 097430			
Version no: 532B			
TEST RECORD 00795			
Temp	Date	Time	a/ Time
			210L
Air Blank:			
	03/16/21	15:38	.000
Calibration Check:			
	18 03/16/21	15:38	.081
Subject Name			
<b>TEST 1</b>			
Subject I.D.			
Operator Name, I.D.			
Location			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER

FORM #8

SUBJECT'S NAME <b>TEST 2</b>	DATE OF TEST <b>03/16/21</b>
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. <b>097430</b>	PRINTER SERIAL NO. <b>096.3580.928</b>	LOCATION OF INSTRUMENT <b>HPD</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by \_\_\_\_\_  
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC <b>.081</b>
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>MICHAEL DAVES</b>	PERMIT NO. <b>200222</b>	EXPIRATION DATE <b>08/13/22</b>
WITNESS (IF ANY)	DATE <b>03/16/21</b>	

Case Number :

AS IV Serial no: 097430  
 Version no: 532B

TEST RECORD 00796

Temp Date Time **210L**

Air Blank:  
 03/16/21 15:40 .000  
 Calibration Check:  
 19 03/16/21 15:40 .081

Subject Name  
**TEST 2**  
 Subject I.D.

Operator Name. I.D.

Location

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER

FORM #8

SUBJECT'S NAME <b>TEST 3</b>	DATE OF TEST <b>03/16/21</b>
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. <b>097430</b>	PRINTER SERIAL NO. <b>096.3580.928</b>	LOCATION OF INSTRUMENT <b>HPD</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by \_\_\_\_\_  
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC <b>.081</b>
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>MICHAEL DAVES</b>	PERMIT NO. <b>200222</b>	EXPIRATION DATE <b>08/13/22</b>
WITNESS (IF ANY)	DATE <b>03/16/21</b>	

Case Number :

AS IV Serial no: 097430  
 Version no: 532B

TEST RECORD 00797

Temp	Date	Time	g/L
			210L

Air Blank:  
 03/16/21 15:41 .000  
 Calibration Check:  
 20 03/16/21 15:41 .081

Subject Name  
**TEST 3**  
 Subject I.D.

Operator Name, I.D.

Location



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER

FORM #8

SUBJECT'S NAME <b>TEST RFI</b>	DATE OF TEST <b>03/16/21</b>
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. <b>097430</b>	PRINTER SERIAL NO. <b>096.3580.928</b>	LOCATION OF INSTRUMENT <b>HPD</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by \_\_\_\_\_  
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

CERTIFICATION BY OPERATOR

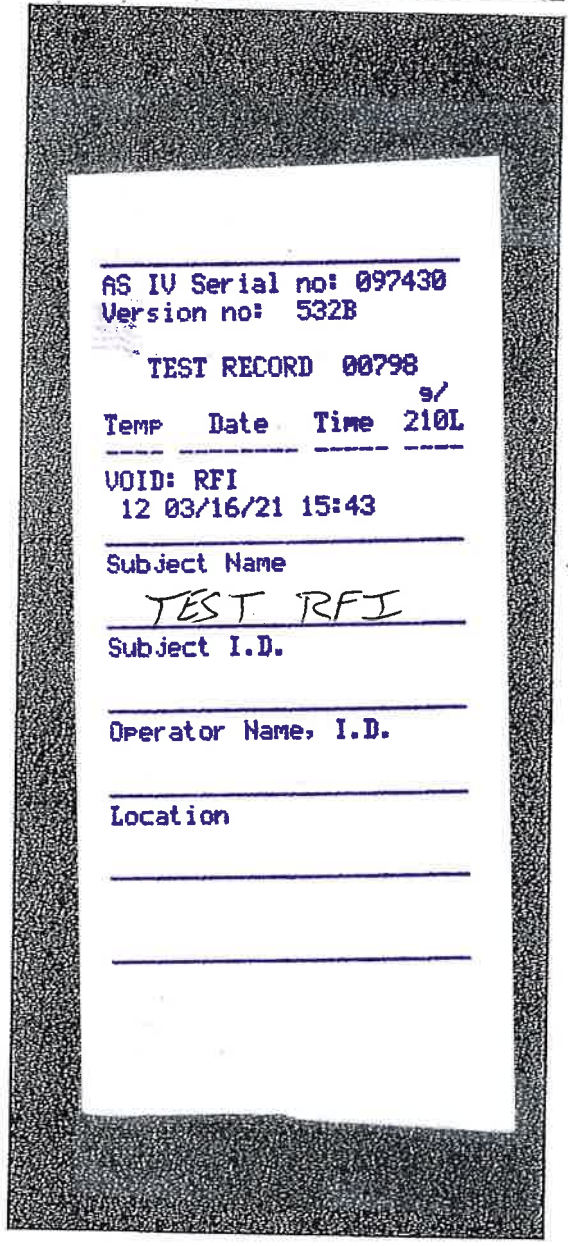
BAC
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>MICHAEL JAVES</b>	PERMIT NO. <b>200222</b>	EXPIRATION DATE <b>08/13/22</b>
WITNESS (IF ANY)	DATE <b>03/16/21</b>	

Case Number :



AS IV Serial no: 097430  
 Version no: 532B

TEST RECORD 00798  
 Temp Date Time 210L

VOID: RFI  
 12 03/16/21 15:43

Subject Name  
**TEST RFI**  
 Subject I.D.

Operator Name, I.D.

Location



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



**PERMIT**  
**TYPE II**  
**MICHAEL DAVIS**

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 8/13/2020

NUMBER 200222

EXPIRES 8/13/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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** DAVIS, MICHAEL  
**Permit No** 200222  
**Date Issued** 8/13/2020    **Date Expires** 8/13/2022



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:** 30-Apr-2019

**Lot # AG911506 Model 108caccd**

<b>Exp. Date</b> 25-Apr-2021	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 ppm) Balance
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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

Digitally signed by Quality Control  
 Date: 2019.04.30 10:50:52 -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**