

RECEIVED

By Tracy Crews at 12:00 pm, Apr 12, 2021



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 04/11/2021
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701	TIME OF INSPECTION 8:39 am
---	-------------------------------

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>AG911506</u>	EXP. DATE <u>04-25-2021</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 → 0.80	TEST 2 → 0.080	TEST 3 → 0.080
---------------	----------------	----------------

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

N/A

INSPECTING OFFICER

SIGNATURE <i>Brian C. Kincaide # 258</i>	PRINT NAME Brian C. Kincaide
---	---------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 210009 01/26/2023	TELEPHONE NUMBER (816) 380-8940
--	------------------------------------

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 IU Serial no: 097430
Version no: 532B

TEST RECORD 00799

Temp Date Time 210L %/

Air Blank: 04/11/21 08:39 .000
Calibration Check: 19 04/11/21 08:39 .080

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.

AS8

HPD

Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00800

Temp Date Time 210L %/

Air Blank: 04/11/21 08:41 .000
Calibration Check: 19 04/11/21 08:41 .080

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.

AS8

HPD

Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00801

Temp Date Time 210L %/

Air Blank: 04/11/21 08:42 .000
Calibration Check: 20 04/11/21 08:42 .080

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.

AS8

HPD

Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00802

Temp Date Time 210L %/

VOID: RFI
12 04/11/21 08:44

Subject Name
RFI Check
Subject I.D.

Operator Name, I.D.

AS8

HPD

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: 30-Apr-2019

Lot # AG911506 Model 108cacc

Exp. Date 25-Apr-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

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

 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

BRIAN C. KINCAIDE

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 1/26/2021

NUMBER 210009

EXPIRES 1/26/2023

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 KINCAIDE, BRIAN
 Permit No 210009
 Date Issued 1/26/2021 Date Expires 1/26/2023