



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

**RECEIVED**  
 By Tracy Crews at 11:24 am, Jan 05, 2022

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 0947442	NAME OF AGENCY Bernie Police Department	DATE OF INSPECTION 12/28/2021
------------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 206 West Crumb Ave, Bernie MO	TIME OF INSPECTION 14:56
---	-----------------------------

**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>Intanector</u>	LOT # <u>AG106001</u> EXP. DATE <u>03/01/2023</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 ← .096	TEST 2 ← .097	TEST 3 ← .097
---------------	---------------	---------------

- 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).  
 Instrument is operating with in D.O.H. guidelines.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Justin Kyle Allen
TYPE II PERMIT NUMBER/EXPIRATION DATE 200099/ 02-19-2022	TELEPHONE NUMBER 2934454

**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: 697442  
Version no: 0020

TEST RECORD 00412  
Temp Date Time 210L  
s/

VOID: RFI  
12 12/28/71 15:01

Subject Name

RFI Test

Subject I.D.

Operator Name: J.D. 700

JDC

Location

Bernie P.D.

AS IV Serial no: 697442  
Version no: 0020

TEST RECORD 00410  
Temp Date Time 210L  
s/

Air Blank:  
12/28/71 14:50 .000  
Calibration Check:  
26 12/28/71 14:50 .097

Subject Name

Monthly Maint

Subject I.D.

Test 2

Operator Name: J.D.

JDC

Location

Bernie P.D.

AS IV Serial no: 697442  
Version no: 0020

TEST RECORD 00411  
Temp Date Time 210L  
s/

Air Blank:  
12/28/71 15:00 .000  
Calibration Check:  
27 12/28/71 15:00 .097

Subject Name

Monthly Maint

Subject I.D.

Test 3

Operator Name: J.D.

JDC 700

Location

Bernie P.D.

AS IV Serial no: 697442  
Version no: 0020

TEST RECORD 00409  
Temp Date Time 210L  
s/

Air Blank:  
12/28/71 14:50 .000  
Calibration Check:  
26 12/28/71 14:50 .096

Subject Name

Monthly Test

Subject I.D.

Test 1

Operator Name: J.D.

JDC 700

Location

Bernie P.D.



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:** 2-Mar-2021

**Lot # AG106001 Model 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1-Mar-2023	108	Ethanol Nitrogen	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>	<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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Approved for Release: \_\_\_\_\_



**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**

**DIRECTIONS FOR GIVING A SAMPLE OF SIMULATOR SOLUTION VAPOR THROUGH  
THE BREATH TUBE OF THE INTOX DMT OR INTOXILYZER 8000**

**\*\*\* Read the instructions through THOROUGHLY before attempting \*\*\***

The procedure for accomplishing this is very similar to the process for calibrating the instrument. No explanation is being given for AS IV/with printer users, as it is the same manner in which you must perform all maintenance report accuracy checks.

1. Place the solution in the simulator and allow it to heat up to 34 °C, allowing enough time for the simulator to reach this temperature and stabilize there (approximately 20 – 30 minutes, or approximately 10 minutes after the simulator first reaches final temperature).
2. Place a piece of tubing on the vapor return port of the simulator, and attach a mouthpiece to the other end of the tube. The vapor return port may be marked “AIR INPUT” or may be unmarked, but will almost always be located on the top of the simulator.
3. Start a breath test sequence, entering all pertinent information.
4. When it is time to give a breath sample, attach the vapor outlet port to the breath tube of the instrument. The vapor outlet port will most likely be marked either “TO BREATH TESTER” or “VAPOR OUTPUT” and will almost always be located either on the front of the simulator or on the rear, but never on the top.
5. Blow through the mouthpiece attached to the simulator and thus through the breath tube into the instrument until a valid sample has been provided.
6. Disconnect the simulator as soon as the sample has been accepted, as the instrument will then begin a purge sample during which it will be drawing air through the breath tube to purge the sample chamber.
7. After an evidential ticket has been printed by the instrument, repeat steps 4 – 7 until 3 valid tests have been completed.
8. Scan in the test records and complete the Blind Proficiency Examination Form. Send both by email, mail, or fax to the Breath Alcohol Program.

If you experience any issues with this procedure, please contact the Breath Alcohol Program at (573) 840-9140, [Brian.Lutmer@health.mo.gov](mailto:Brian.Lutmer@health.mo.gov) for further clarification.



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



**PERMIT**  
**TYPE II**  
**JUSTIN K ALLEN**

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 2/19/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200099

EXPIRES 2/19/2022

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** ALLEN, JUSTIN  
**Permit No** 200099  
**Date Issued** 2/19/2020 **Date Expires** 2/19/2022