



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

RECEIVED  
 by Tracy Crowe at 8:14 am, 09/26/21

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<br>087964   | NAME OF AGENCY<br>Vernon county Sheriff Office | DATE OF INSPECTION<br>09/26/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>2040 E. Hunter Nevada MO. |  | TIME OF INSPECTION<br>2200       |

**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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER intoximeters LOT # AG019902 EXP. DATE 07/17/2022

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 ← .076      TEST 2 ← .076      TEST 3 ← .076

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) 2    (.10-.14) 0    (.15-.19) 0    (OVER .19) 1

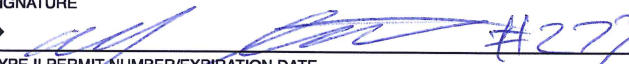
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSPECTING OFFICER**

|  |   |
|--|---|
| SIGNATURE<br> | PRINT NAME<br><b>A. Stimson</b>           |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>210092 5/6/2023</b>                                  | TELEPHONE NUMBER<br><b>(417-288-4400)</b> |

**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: 087964  
Version no: 532B

TEST RECORD 00701

Temp Date Time 210L s/

Air Blank: 09/26/21 22:02 .000  
Calibration Check: 29 09/26/21 22:02 .076

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 087964  
Version no: 532B

TEST RECORD 00702

Temp Date Time 210L s/

Air Blank: 09/26/21 22:03 .000  
Calibration Check: 29 09/26/21 22:03 .076

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 087964  
Version no: 532B

TEST RECORD 00703

Temp Date Time 210L s/

Air Blank: 09/26/21 22:05 .000  
Calibration Check: 29 09/26/21 22:05 .076

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 087964  
Version no: 532B

TEST RECORD 00704

Temp Date Time 210L s/

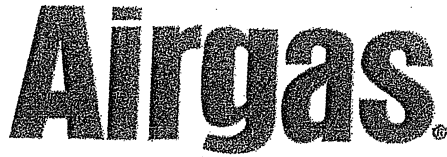
VOID: RFI  
12 09/26/21 22:06

Subject Name

Subject I.D.

Operator Name, I.D.

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: 2-Oct-2018

Lot # AG827002 Model 108ccad

|                                 |                         |   |   |
|---------------------------------|-------------------------|---|---|
| <u>Exp. Date</u><br>27-Sep-2020 | <u>Cyl. Type</u><br>108 | <u>Component</u><br>Ethanol<br>Nitrogen | <u>Certified Concentration</u><br>0.080 ± 0.002 BrAC (208 ppm)<br>Balance |
|---------------------------------|-------------------------|---|---|

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| <u>Serial No.</u> | <u>Concentration</u> | <u>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            |

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2018.10.03 10:02:04 -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



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

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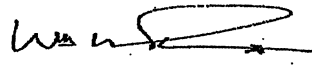

**PERMIT**  
**TYPE II**  
**ALEXANDER K. STIMSON**

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 5/6/2021  
 NUMBER 210092  
 EXPIRES 5/6/2023

  
 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 **STIMSON, ALEXANDER**  
 Permit No **210092**  
 Date Issued **5/6/2021** Date Expires **5/6/2023**

