



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

RECEIVED

By Tracy Crews at 2:28 pm, Dec 13, 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 102455	NAME OF AGENCY PETTIS COUNTY SHERIFFS OFFICE	DATE OF INSPECTION 12/11/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 319 S LAMINE AVE, SEDALIA, MO		TIME OF INSPECTION

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 # AG110402 EXP. DATE 04/14/2023

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 .079	TEST 2 .080	TEST 3 .080
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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)	(.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).

INSTRUMENT IS OPERATING WITHIN REQUIREMENTS ESTABLISHED BY MO DHSS

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME J. MOORE
TYPE II PERMIT NUMBER/EXPIRATION DATE 210261	TELEPHONE NUMBER (660) 287-3739

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

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

FORM #8

SUBJECT'S NAME CALIBRATION CHECK	DATE OF TEST 12/11/2021
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. 102455	LOCATION OF INSTRUMENT PCSO 319 S LAMINE, SEDALIA, MO
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

- 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 CALIBRATION CHECK. 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 "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

AS IV Serial no: 102455
 Version no: 532B

TEST RECORD 00255

Temp	Date	Time	210L
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Air Blank:
 12/11/21 20:00 .000
 Calibration Check:
 24 12/11/21 20:00 .079

CERTIFICATION BY OPERATOR	BAC .079
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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.

NAME OF OPERATOR J. MOORE	PERMIT NO. 210261	EXPIRATION DATE 11/18/2023
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	

Subject Name
REST /
 Subject I.D.
1

Operator Name, I.D.
J. Moore 210261
 Location
319 S. Lamine
Sedalia, MO

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

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CERTIFICATION BY OPERATOR	BAC .080
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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:

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NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	

AS IV Serial no: 102455
 Version no: 532B

TEST RECORD 00256

Temp	Date	Time	BAC
			218L
Air Blank:			
	12/11/21	20:02	.000
Calibration Check:			
	25 12/11/21	20:02	.000

Subject Name
Test 2

Subject I.D.
2

Operator Name, I.D.
J. Moore 210261

Location
319 S. Lamine

Sedalia, MO

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

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- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC .080
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NAME OF OPERATOR J. MOORE	PERMIT NO. 210261	EXPIRATION DATE 11/18/2023
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	

AS IV Serial no: 102455
Version no: 532B

TEST RECORD 00257

Temp	Date	Time	210L
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Air Blank:
12/11/21 20:03 .000
Calibration Check:
25 12/11/21 20:03 .000

Subject Name
Test 3

Subject I.D.
3

Operator Name, I.D.
J. Moore 210261

Location
319 S. Lamine

Sedalia, MO

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
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- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

AS IV Serial no: 102455
 Version no: 532B
 TEST RECORD 00258
 Temp Date Time 210L
 VOID: RFI
 12 12/11/21 20:06

Subject Name
RFI TEST
 Subject I.D.
RFI
 Operator Name, I.D.
J. Moore 210261
 Location
319 S. Lamine
Sedalia, MO

CERTIFICATION BY OPERATOR

BAC RFI

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:

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- 3. I am authorized to operate the instrument.

NAME OF OPERATOR J. MOORE	PERMIT NO. 210261	EXPIRATION DATE 11/18/2023
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	



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: 14-Apr-2021

Lot # AG110402 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
14-Apr-2023	108	Ethanol Nitrogen	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: 2021.04.14 18:39:50 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

ISO 17025:2017 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**

JIMMY D. MOORE

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 306.111 through 306.119 RSMo.

DATE 11/18/2021

NUMBER 210261

EXPIRES 11/18/2023

Laura A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 MOORE, JIMMY
 Permit No 210261
 Date Issued 11/18/2021 Date Expires 11/18/2023

