



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 104293 | NAME OF AGENCY GLADSTONE PD | DATE OF INSPECTION 09/14/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 7010 N HOLMES ST GLADSTONE, MO 64118 | | TIME OF INSPECTION 11:09 pm |

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 # AG102503 EXP. DATE 01/25/2023
- 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 .098 | 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 | (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).

MAINTENANCE PREFORMED TO DHSS STANDARD
STARTED MAINTENANCE ON TEST #01596. ON TEST #01598 RECEIVED RFI VOID AND BEGAN TEST OVER ON TEST #01599.

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE | PRINT NAME CHRISTOPHER BENNETT |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210203 09/14/2023 | TELEPHONE NUMBER (816) 436-3550 |

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

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 01599

Temp Date Time ^{sw} 210L

Air Blank:
09/14/21 23:09 .000
Calibration Check:
25:09/14/21 23:09 .098

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

BENNETT 210203

Location

7010 N HOLMES ST

GLADSTONE, MO 64118

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 01600

Temp Date Time ^{sw} 210L

Air Blank:
09/14/21 23:11 .000
Calibration Check:
25:09/14/21 23:11 .097

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

BENNETT 210203

Location

7010 N HOLMES ST

GLADSTONE, MO 64118

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 01601

Temp Date Time ^{sw} 210L

Air Blank:
09/14/21 23:13 .000
Calibration Check:
25:09/14/21 23:13 .097

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

BENNETT 210203

Location

7010 N HOLMES ST

GLADSTONE, MO 64118

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 01602

Temp Date Time ^{sw} 210L

VOID: RFI
12 09/14/21 23:14

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

BENNETT 210203

Location

7010 N HOLMES ST

GLADSTONE, MO 64118



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: 27-Jan-2021

Lot # AG102503 **Model** 108cacd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|------------------|--------------------------------|
| 25-Jan-2023 | 108 | Ethanol | 0.100 ± 2% BrAC (272 ppm) |
| | | Nitrogen | 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

Digitally signed by Quality Control
Date: 2021.01.29 13:36:13 -06:00
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



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



PERMIT
TYPE II
CHRISTOPHER BENNETT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 9/14/2021

NUMBER 210203

EXPIRES 9/14/2023

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Korman

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 BENNETT, CHRISTOPHER
Permit No 210203
Date Issued 9/14/2021 **Date Expires** 9/14/2023

