



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 104642	NAME OF AGENCY O'Fallon PD	DATE OF INSPECTION 8-19-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 1919

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>AG115405</u> EXP. DATE <u>06-03-2023</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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← <b>.079</b>	TEST 2 ← <b>.079</b>	TEST 3 ← <b>.078</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

Time adjusted (-3 minutes).  
Replaced 9V battery in ASIV.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Chris Sinnokrak</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>200307 / 12-21-2022</b>	TELEPHONE NUMBER <b>(636 )240-3200</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: 104642  
Version no: 532B

TEST RECORD 00860

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/19/21 19:22 .000  
Calibration Check:  
22 08/19/21 19:22 .079

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00861

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/19/21 19:24 .000  
Calibration Check:  
23 08/19/21 19:24 .079

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00862

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/19/21 19:26 .000  
Calibration Check:  
24 08/19/21 19:26 .078

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00863

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 08/19/21 19:29

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00864

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/19/21 19:31 .000  
Subject Test: Auto  
25 08/19/21 19:31 .000

Subject Name  
SOBER TEST  
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:** 7-Jun-2021

**Lot # AG115405 Model 108cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Jun-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: 2021.06.08 13:46:01 -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

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**PERMIT  
TYPE II**

**CHRIS SINNOKRAK**

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 12/21/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200307

EXPIRES 12/21/2022

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** SINNOKRAK, CHRIS  
**Permit No** 200307  
**Date Issued** 12/21/2020    **Date Expires** 12/21/2022

