



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 105449	NAME OF AGENCY MANCHESTER	DATE OF INSPECTION 9/10/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD MANCHESTER MO 63011		TIME OF INSPECTION 0026

**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 # AGO22402 EXP. DATE 08/11/2022
- 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 0.099	TEST 2 0.099	TEST 3 0.100
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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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	3	(OVER .19)	1
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Lowell Moore 5369</i>	PRINT NAME LOWELL MOORE
TYPE II PERMIT NUMBER/EXPIRATION DATE 210072 04/06/2023	TELEPHONE NUMBER (636) 227-1410

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



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:** 11-Aug-2020

**Lot # AG022402 Model 108caccd**

<b><u>Exp. Date</u></b> 11-Aug-2022	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (272 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<b><u>RGM Serial No.</u></b> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<b><u>Concentration</u></b> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<b><u>RGM Serial No.</u></b> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<b><u>Concentration</u></b> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<b><u>CRM Serial No.</u></b> CC434668 CC234503	<b><u>Concentration</u></b> 800.0 ppm 253.0 ppm	<b><u>CRM Serial No.</u></b> 0056649 0056662	<b><u>Concentration</u></b> 390.1 ppm 150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2020.08.19 19:45:41 -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**  
**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**  
**LOWELL 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 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 4/6/2021

NUMBER 210072

EXPIRES 4/6/2023

MO 580-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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, LOWELL  
**Permit No** 210072  
**Date Issued** 4/6/2021 **Date Expires** 4/6/2023



3

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00105

Temp Date Time 210L ✓

Air Blank: 09/10/21 00:26 .000  
Calibration Check: 23 09/10/21 00:26 .100

Subject Name

TEST 3

Subject I.D.

L. Moore 21007d

Operator Name, I.D.

Location

200 Highlands

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00103

Temp Date Time 210L ✓

Air Blank: 09/10/21 00:23 .000  
Calibration Check: 22 09/10/21 00:23 .099

Subject Name

TEST 1

Subject I.D.

L. Moore 21007d

Operator Name, I.D.

Location

200 Highlands

Blvd

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00104

Temp Date Time 210L ✓

Air Blank: 09/10/21 00:25 .000  
Calibration Check: 22 09/10/21 00:25 .099

Subject Name

TEST 4

Subject I.D.

L. Moore 21007d

Operator Name, I.D.

Location

200 Highlands

Blvd

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00106

Temp Date Time 210L ✓

VOID: RFI  
12 09/10/21 00:27

Subject Name

RFI

Subject I.D.

L. Moore 21007d

Operator Name, I.D.

Location

200 Highlands

Blvd