



**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 107972	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 02/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 3:05 am

**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 # AG023902 EXP. DATE 08/26/2022

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 ← .100	TEST 2 ← .099	TEST 3 ← .099
---------------	---------------	---------------

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	4	(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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME STEVEN H. VERBLE
TYPE II PERMIT NUMBER/EXPIRATION DATE 290102, 05/03/2021	TELEPHONE NUMBER (573) 875-1111

**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: 107972  
Version no: 532B

TEST RECORD 00654 s/

Temp Date Time 210L  
Air Blank: 02/01/21 03:05 .000  
Calibration Check: 22 02/01/21 03:05 .100

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
Verble, 290102  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00655 s/

Temp Date Time 210L  
Air Blank: 02/01/21 03:09 .000  
Subject Test: Man 23 02/01/21 03:09 .099

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
Verble, 290102  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00656 s/

Temp Date Time 210L  
Air Blank: 02/01/21 03:14 .000  
Subject Test: Man 23 02/01/21 03:14 .099

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
Verble, 290102  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00657 s/

Temp Date Time 210L  
VOID: RFI  
12 02/01/21 03:20

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
Verble, 290102  
Location  
2111 E. County Dr  
Columbia

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



**PERMIT**  
TYPE II

**STEVEN H VERBLE**

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 5/3/2019  
NUMBER 290102  
EXPIRES 5/3/2021  
MO 380.0771 (5-19)

*W. A. ...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*...*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (PIS-10)



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-Aug-2020

Lot # AG023902 Model 108cacc

Exp. Date	Cyl. Type	Component	Certified Concentration
26-Aug-2022	108	Ethanol	0.100 ± 2% BRAC (272 ppm)
		Nitrogen	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010503	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 2020.08.27 19:56:48 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala  
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  
**INSTRUMENT OPERATOR CARD**

The use of this card is authorized to operate an evidential breath alcohol instrument for the determination of the alcohol content of breath from or expired air in Missouri.

Operator: VERBLE, STEVEN  
Permit No: 290102  
Date Issued: 5/3/2019 Date Expires: 5/3/2021