



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 08/11/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 10:14 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 ← .099

TEST 2 ← .098

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
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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 OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME STEVEN H. VERBLE
TYPE II PERM NUMBER/EXPIRATION DATE 210084, 04/22/2023	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 00718

Temp Date Time 210L
Air Blank: 08/11/21 22:16 .000
Calibration Check: 22 08/11/21 22:16 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Verble, 210084

Location

2111 E. County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00719

Temp Date Time 210L
Air Blank: 08/11/21 22:20 .000
Calibration Check: 23 08/11/21 22:20 .098

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Verble, 210084

Location

2111 E. County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00720

Temp Date Time 210L
Air Blank: 08/11/21 22:23 .000
Calibration Check: 24 08/11/21 22:23 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Verble, 210084

Location

2111 E. County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00721

Temp Date Time 210L
VOID: RFI
12 08/11/21 22:29

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Verble, 210084

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 4/22/2021
NUMBER 210084
EXPIRES 4/22/2023

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

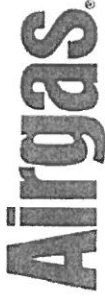
MO 385.071 (6-10)

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 as prescribed in Missouri.

Operator: VERBLE, STEVEN
Permit No: 210084
Date Issued: 4/22/2021 Date Expires: 4/22/2023



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 108cacc

Exp. Date	Cyl. Type	Component	Certified Concentration
25-Jan-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) 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	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: Dry gas standard certification of analysts
Location: Airgas USA LLC (Lab)

Approved for Release:

[Signature]
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07