



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REVIEWED

By Tracy Crews at 8:18 am, Dec 06, 2021

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 107992	NAME OF AGENCY 099.3586.825	DATE OF INSPECTION 12/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870		TIME OF INSPECTION 06:53 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, Inc. LOT # AG107601 EXP. DATE 03/17/2023

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 ← 0.102 TEST 2 ← 0.102 TEST 3 ← 0.101

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).

CHANGED / CORRECTED TIME FOR DAYLIGHT SAVINGS TIME.

INSPECTING OFFICER

SIGNATURE

PRINT NAME **Christopher Shonk**

TYPE II PERMIT NUMBER / EXPIRATION DATE **210136 / 06/30/2023**

TELEPHONE NUMBER
(417) 673-1911

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: 107992
Version no: 532B

TEST RECORD 01280

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/04/21 18:53

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Cpl. C. Shock #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01281

Temp Date Time ^{s/} 210L

Air Blank:
12/04/21 18:54 .000
Calibration Check:
20 12/04/21 18:54 .102

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Cpl. C. Shock #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01282

Temp Date Time ^{s/} 210L

Air Blank:
12/04/21 18:56 .000
Calibration Check:
21 12/04/21 18:56 .102

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Cpl. C. Shock #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01283

Temp Date Time ^{s/} 210L

Air Blank:
12/04/21 18:58 .000
Calibration Check:
22 12/04/21 18:58 .101

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Cpl. C. Shock #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01284

Temp Date Time ^{s/} 210L

Air Blank:
12/04/21 18:59 .000
Subject Test: Auto
22 12/04/21 18:59 .000

Subject Name

SOBER SAMPLE

Subject I.D.

Operator Name, I.D.

Cpl. C. Shock #210136
Location

WCPD



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: 17-Mar-2021

Lot # AG107601 **Model** 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
17-Mar-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Approved for Release: _____

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
CHRISTOPHER SHONK

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 DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 6/30/2021

NUMBER 210136

EXPIRES 6/30/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 SHONK, CHRISTOPHER
Permit No 210136
Date Issued 6/30/2021 **Date Expires** 6/30/2023