



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 108264 | NAME OF AGENCY Buckner PD | DATE OF INSPECTION 12/01/2021 |
|-----------------------------|------------------------------|----------------------------------|

| | |
|---|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 315 S. Hudson St. Buckner, Mo 64016 | TIME OF INSPECTION 10:38 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 # AG031402 EXP. DATE 07/09/2022

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 <input checked="" type="checkbox"/> .100 | TEST 2 <input checked="" type="checkbox"/> .099 | TEST 3 <input checked="" type="checkbox"/> .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 | 0 | (0-.04) | 0 | (.05-.09) | 1 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 | PRINT NAME R. Kendall #316 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200199 7-8-2022 | TELEPHONE NUMBER (816) 650-3939 |

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: 188264
Version no: 532B

TEST RECORD 88593

Temp Date Time 219L

Air Blank:
12/31/71 22:54 .008
Calibration Check:
22 12/31/71 22:54 .188

Subject Name

TEST 1

Subject I.D.

R. KENDALL

Operator Name, I.D.

200199

Location

315 S. HUDSON

Buckner, MO

64016

AS IV Serial no: 188264
Version no: 532B

TEST RECORD 88594

Temp Date Time 219L

Air Blank:
12/31/71 22:58 .008
Calibration Check:
22 12/31/71 22:58 .008

Subject Name

TEST 2

Subject I.D.

R. KENDALL

Operator Name, I.D.

200199

Location

315 S. HUDSON

Buckner, MO

64016

AS IV Serial no: 188264
Version no: 532B

TEST RECORD 88595

Temp Date Time 219L

Air Blank:
12/31/71 22:58 .008
Calibration Check:
22 12/31/71 22:58 .008

Subject Name

TEST 3

Subject I.D.

R. KENDALL

Operator Name, I.D.

200199

Location

315 S. HUDSON

Buckner, MO

64016

AS IV Serial no: 188264
Version no: 532B

TEST RECORD 88596

Temp Date Time 219L

VOID: RFI
12 12/31/71 22:59

Subject Name

RFI

Subject I.D. R.

KENDALL

Operator Name, I.D.

200199

Location

315 S. HUDSON

Buckner, MO

64016

Airgas

Airgas USA, LLC (USA)
1400 Bannock Street
St. Louis, Mo, 63103
Tel: (314) 883-6000
Fax: (314) 883-7225

Certificate of Analysis

Customer Name
Exclusive Supply
Instruments, Inc.
2081 Oak Road
St. Louis, Mo 63148

Test Date: 10-Nov-2020

Lot# AG001402 **Model** S4card

Exp. Date
6-Jul-2022

Cyl. Type
34

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% EtOH (272 ppm)
Balance

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

CRM Serial No.
EE0010687
EE0010690
EE0010685
EE0010661
EE0010661

Concentration
242.1 ppm
250.8 ppm
243.8 ppm
165.5 ppm
22.12 ppm

CRM Serial No.
EE0010663
EE0010669
EE0010683
EE0010662
EE0010679

Concentration
299.0 ppm
268.2 ppm
262.5 ppm
184.1 ppm
22.31 ppm

CRM Serial No.
CG727481
CG727486

Concentration
190.8 ppm
253.8 ppm

CRM Serial No.
CG727486
CG727486

Concentration
390.8 ppm
150.8 ppm

Analytical Method:

NDIR

Manufactured by Quality Control
Equipment, Inc. 10/10/2019 10:00
Revised: Air gas standards certificate of analysis
Revision: Airgas USA 10/11/20 (14)

Approved for Release: _____

Rod Marsella
Rod Marsella

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

2

PERMIT
TYPE II

RICHARD L. KENDALL

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

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 7/8/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200199

EXPIRES 7/8/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 680-2771 (5-10)

LAB-4 (PB-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an authorized breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator **KENDALL, RICHARD**
Permit No **200199**
Date Issued **7/8/2020** Date Expires **7/8/2022**