



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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 04/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 7:00 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 # AG912204 EXP. DATE 05/02/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 ➔ .101

TEST 3 ➔ .100

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)	2	(.15-.19)	1	(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).

Instrument operating  MO DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME P.O. Jason A. Lederer
TYPE II PERMIT NUMBER/EXPIRATION DATE 290190 / 08/26/2021	TELEPHONE NUMBER (816) 452-4613

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901

AS IU Serial no: 111655
Version no: 532B

TEST RECORD 00822

Temp Date Time 210L

Air Blank:
04/01/21 19:35 .000
Calibration Check:
12 04/01/21 19:35 .101

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111655
Version no: 532B

TEST RECORD 00824

Temp Date Time 210L

Air Blank:
04/01/21 19:40 .000
Calibration Check:
23 04/01/21 19:40 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111655
Version no: 532B

TEST RECORD 00822

Temp Date Time 210L

Air Blank:
04/01/21 19:34 .000
Calibration Check:
21 04/01/21 19:34 .100

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111655
Version no: 532B

TEST RECORD 00825

Temp Date Time 210L

Air Blank:
04/01/21 19:43 .000
Subject Test: Holo
04 04/01/21 19:43 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEDERER #118/162

Location

PERMIT #290190

AS IU Serial no: 111655
Version no: 532B

TEST RECORD 00825

Temp Date Time 210L

MOIB: RFI
12 04/01/21 19:41

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Location

Exp DATE - 08/26/2021



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 111743	PRINTER SN 09B.3589.517	DATE OF INSPECTION 04/01/2021
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119	TIME OF INSPECTION 8:00 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 # AG912204 EXP. DATE 05/02/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 ➡ .102

TEST 2 ➡ .104

TEST 3 ➡ .104

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).

Instrument operating within MO DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME P.O. Jason A. Lederer
--	-------------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 290190 / 08/26/2021	TELEPHONE NUMBER (816) 452-4613
--	------------------------------------

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00580

Temp Date Time ^{s/} 210L

Air Blank:
04/01/21 20:09 .000
Calibration Check:
21 04/01/21 20:09 .102

Subject Name

TEST #1
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00581

Temp Date Time ^{s/} 210L

Air Blank:
04/01/21 20:10 .000
Calibration Check:
20 04/01/21 20:10 .104

Subject Name

TEST #2
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00582

Temp Date Time ^{s/} 210L

Air Blank:
04/01/21 20:12 .000
Calibration Check:
22 04/01/21 20:12 .104

Subject Name

TEST #3
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00583

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/01/21 20:14

Subject Name

RFI CHECK
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00584

Temp Date Time ^{s/} 210L

Air Blank:
04/01/21 20:15 .000
Subject Test: Auto
23 04/01/21 20:15 .000

Subject Name

SAMPLE TEST
Subject I.D.

Operator Name, I.D.

LEDERER # 118/162
Location

PERMIT # 290190

Exp Date 08/26/2021



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: 6-May-2019

Lot # AG912204 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
2-May-2021	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>
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: 2019.05.17 12:35:24 -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

2

**PERMIT
 TYPE II**

JASON A LEDERER

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 8/26/2019

NUMBER 290190

EXPIRES 8/26/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 LEDERER, JASON
 Permit No 290190
 Date Issued 8/26/2019 Date Expires 8/26/2021