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002/007

By Tracy Crews at 9:30 am, Aug 16, 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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 08/13/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119	TIME OF INSPECTION 11:00 pm
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**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 # AG109003 EXP. DATE 03/31/2023

 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 = .099

TEST 2 = .098

TEST 3 = .098

 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)	2	(.15-.19)	2	(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 within MO DOHSS standards and guidelines.

**INSPECTING OFFICER**SIGNATURE *Sgt Jeffrey Kirk #104*PRINT NAME  
Sgt. Jeffrey Kirk # 104TYPE II PERMIT NUMBER/EXPIRATION DATE  
200130 / 03/09/2022TELEPHONE 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

Temp Date Time 210L

Air Blank:  
08/13/21 23:00 .000  
Calibration Check:  
23 08/13/21 23:00 .099

Subject Name  
TEST # 1  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.

115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00874  
Temp Date Time 210L

Air Blank:  
08/13/21 23:04 .000  
Calibration Check:  
24 08/13/21 23:04 .098

Subject Name  
TEST # 2  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.

115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00875  
Temp Date Time 210L

Air Blank:  
08/13/21 23:06 .000  
Calibration Check:  
24 08/13/21 23:06 .098

Subject Name  
TEST # 3  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.

115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00876  
Temp Date Time 210L

VOID: RFI  
12 08/13/21 23:09

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.

115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00877  
Temp Date Time 210L

Air Blank:  
08/13/21 23:10 .000  
Subject Test: Auto  
26 08/13/21 23:10 .000

Subject Name  
Self Test  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.

115 E US 69 Hwy

Claycomo, mo 64119



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: 31-Mar-2021

Lot # AG109003 Model 108cacc

<u>Exp. Date</u> 31-Mar-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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

Digitally signed by Quality Control  
 Date: 2021.03.31 18:04:07 -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



**PERMIT  
TYPE II**

**JEFFREY KIRK**

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 308.111 through 308.119 RSMo.

DATE 3/9/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200130

EXPIRES 3/9/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 380-0771 (5-10)

LAB-9, (016-10)

 **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 KIRK, JEFFREY  
Permit No 200130  
Date Issued 3/9/2020 Date Expires 3/9/2022

