



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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 06/01/2021
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:04 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
---	--

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG006306</u>	EXP. DATE <u>03/03/2022</u>
---	-----------------------	-----------------------------

<input type="checkbox"/> 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 ➡ .099	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)	0	(.10-.14)	1	(.15-.19)	3	(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 meets all DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME DEPUTY DUSTIN B. LOVE
---------------	-------------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 200052- 01/10/2022	TELEPHONE NUMBER (816) 524-4302
---	------------------------------------

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

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00618 ^{g/L}
Temp Date Time 210L

Air Blank: 06/01/21 20:04 .000
Calibration Check: 23 06/01/21 20:04 .099

Subject Name
Monthly Maint.
Subject I.D. —

Operator Name, I.D.
Dep. D.B. Love #200052
Location

5450-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00619 ^{g/L}
Temp Date Time 210L

Air Blank: 06/01/21 20:05 .000
Calibration Check: 24 06/01/21 20:05 .099

Subject Name
Monthly Maint.
Subject I.D. —

Operator Name, I.D.
Dep. D.B. Love #200253
Location

5450-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00620 ^{g/L}
Temp Date Time 210L

Air Blank: 06/01/21 20:07 .000
Calibration Check: 24 06/01/21 20:07 .098

Subject Name
Monthly Maint.
Subject I.D. —

Operator Name, I.D.
Dep. D.B. Love #20052
Location

5450-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00621 ^{g/L}
Temp Date Time 210L

VOID: NFI
12 06/01/21 20:09

Subject Name
Monthly Maint.
Subject I.D. —

Operator Name, I.D.
Dep. D.B. Love #20052
Location

5450-GHQ



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: 4-Mar-2020

Lot # AG006306 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Mar-2022	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: 2020.03.05 13:27:24 -06:00
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



PERMIT
TYPE II
DUSTIN B. LOVE

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 1/10/2020

NUMBER 200052

EXPIRES 1/10/2022

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 LOVE, DUSTIN
Permit No 200052
Date Issued 1/10/2020 **Date Expires** 1/10/2022

