

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ALCO SENSOR IV SN 111670	NAME OF AGENCY Vernon count	ty Sheriff Office		DATE OF INSPECTION 05/13/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2040 E. Hunter Nevada MO.	y official dodain	ly Official Office	Т	TIME OF INSPECTION
CHECKLIST: Place a mark in the box by e	ach item if found to be sati	sfactory or if operatin		0250 d limits. (Write in observed value
where determined.) Unmarked items must DIGITAL READOUT (ALL ELEMENTS		g instrument.		
TEMPERATURE OF ALCO SENSOR	,			
PRINTER WORKING PROPERLY	(10 0 - 40 0)			
F-21	PEDLY	***************************************		
TIME AND DATE DISPLAYING PROF				
SIMULATOR SOLUTION		✓ COMPRESSE	D ETHANOL-GAS	S MIXTURE
✓ STANDARD SUPPLIER intoximete	rs L	OT # AG019902		
SIMULATOR TEMPERATURE (34°C ±				
iess. Check the box corresponding to the control of	ne standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and	e within ±5% of the s gused. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE	ATTACHED) E E	I must have a spread of .005 or
less. Check the box corresponding to the control of the control o	ne standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and	e within ±5% of the s gused. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE d 0.042% INCLUSIVE	standard value and ATTACHED) = = =	
less. Check the box corresponding to the control of	ne standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and	e within ±5% of the s gused. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE d 0.042% INCLUSIVE	standard value and ATTACHED) E E	
Iess. Check the box corresponding to the control of	ne standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and TEST 2 • .082	e within ±5% of the s g used. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE d 0.042% INCLUSIVE	standard value and ATTACHED) = = = TEST 3 • .082	<u>.</u>
Iess. Check the box corresponding to the control of the control o	ne standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and TEST 2 .082	e within ±5% of the s g used. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE d 0.042% INCLUSIVE	standard value and ATTACHED) = = = TEST 3 • .082	<u>.</u>
O.100% STANDARD - MUST REA O.080% STANDARD - MUST REA O.040% STANDARD - MUST REA O.040% STANDARD - MUST REA FEST 1 .083 REFI DETECTOR OPERATING NDICATE THE NUMBER OF BREATH TE DO NOT INCLUDE SELF-ADMINISTEREI REFUSALS 0 (004) 0	TEST 2 .082 STS IN THE FOLLOWING D.0509) 0	e within ±5% of the signal used. (PRINTOUT And 0.105% INCLUSIVE do 0.084% INCLUSIVE do 0.042% INCLUSIVE GRANGES SINCE 1	Standard value and ATTACHED) TEST 3 • .082 THE LAST MAINT	ENANCE REPORT:
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IESS. Check the box corresponding to the control of the control o	TEST 2 .082 STS IN THE FOLLOWING DESTS) (.0509) 0 ion or modification that wry).	e within ±5% of the signal was designed. (PRINTOUT And 0.105% INCLUSIVED OF THE WAS DESIGNED OF THE WAS DE	THE LAST MAINTI	ENANCE REPORT:

Iccation	Operator Mame, I.D.	Chiet I.B.	Subject Name	Air Blank: 05/13/21 02:58 .000 Calibration Check: 21 05/13/21 02:58 .083	TEST RECORD 00242 Temp Date Time 2101	AS IV Serial not 111670 Version not 5328
Location	Operator Name, I.D.	SUDJECT I. D.	Subject Name	Air Blank: 85/13/21 83:80 .000 Calibration Check: 22 85/13/21 83:80 .082	TEST RECORD 00243	AS IV Serial no: 111670 Version no: 532B
Location	Operator Name, I.D.	Subject I.D.	Subject Name	14 16	TEST RECORD 00244 S/ Temp Date Time 210L	AS IV Serial no: 111670 Version no: 532B
FOCACTO!	Uperator Name, I.D.	oursect 1. J.		ňlä".	TEST RECORD 00245	AS IV Serial no: 111670 Version no: 5378



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II ALEXANDER K. STIMSON

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.

DATE5/6/2021	wante
*1000	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210092	17/2// 1/
EXPIRES 5/6/2023	
AO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (B6-10)

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 STIMSON, ALEXANDER

Permit No 210092 Date Issued 5/6/2021

Date Expires 5/6/2023





Airgas USA LLG (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 Graig Road
St. Louis, Mo 63146

Test Date: 2-Oct-2018

Lot # AG827002 Model 108cacd

Exp. Date 27-Sep-2020

Cyl. Type

<u>Component</u> Ethanol Certified Concentration 0.080 ± 0.002 BrAC (208 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
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

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.10.03 10:02:04 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06