

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 Send copy to Department of Health and Sen | | | | henever instrument is repaired. | | |
|---|--|----------------------|----------------------|-----------------------------------|--|--|
| ALCO SENSOR IV SN 111670 | NAME OF AGENCY Vernon county | Sheriff Office | | TE OF INSPECTION 2/30/2021 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2040 E. Hunter Nevada MO. | | | 10000 | ME OF INSPECTION 950 | | |
| CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be | | | within established | limits. (Write in observed values | | |
| DIGITAL READOUT (ALL ELEMENTS C | | | | | | |
| ▼ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | | | | | | |
| PRINTER WORKING PROPERLY | | | , | | | |
| TIME AND DATE DISPLAYING PROPE | RLY | | | | | |
| BREATH ALCOHOL ACCURACY STANDA | RDS | | | | | |
| SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE | | | | | | |
| ✓ STANDARD SUPPLIER intoximeters LOT # AG019902 EXP. DATE 07/17/2022 | | | | 7/17/2022 | | |
| SIMULATOR TEMPERATURE (34°C ± 0 | 0.2°C) SIN | 1. SN | SIM. NIS | T EXP DATE | | |
| 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 ☞ .082 | TEST 2 ▼ .081 | | TEST 3 ▼ .081 | | | |
| ✓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 (004) 1 | (.0509) | (.1014) | (.1519) 1 | (OVER .19) ⁰ | | |
| List any new parts and describe any alteration established limits (use other side if necessary | /). | as made to restore | the instrument to c | perate satisfactorily and within | | |
| INSPECTING OFFICER SIGNATURE | | | PRINT NAME | | | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | | | A. St | imson | | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210092 | 5/6/2023 | | (417-28)3-4400 | | | |
| Return completed report to the: Breath Al by mail, f | cohol Program, MO Dep ax, or email. | artment of Health ar | nd Senior Services, | Southeast District Office | | |

| | Location | Operator Name, I.D. | Subject I.D. | Subject Name | . 899 . 882 | EST RECORD 00311 9/ Date Time 210L | AS IV Serial no: 111670 A Version no: 532B |
|--|----------|---------------------|--------------|--------------|---|---------------------------------------|---|
| | Location | Operator Name, I.D. | Subject I.D. | Subject Name | Air Blank: 12/30/21 09:57 .000 Calibration Check: 21 12/30/21 09:57 .081 | TEST RECORD 00312 Temp Date Time 210L | AS IV Serial no: 111670 Version no: 532B |
| | Location | Operator Name, I.D. | Subject I.D. | | 7) Jank: 2/38/21 89:59 . 2/38/21 89:59 . 2/38/21 89:59 | 9 | AS IV Serial no: 111678 Version no: 5378 |
| | Location | Operator Name, I.D. | Subject I.D. | Subject Name | Temp Date Time 210L UOID: RFI 12 12/38/21 18:62 | 7 | AS IV Serial not 111670 |



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: 2-Oct-2018

Lot# AG827002 Model 108cacd

Exp. Date 27-Sep-2020

<u>Cyl. Type</u> 108

Component Ethanol Certified Concentration 0.080 ± 0.002 BrAC (208 ppm)

Nitrogen

Balance

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

| <u>Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 | <u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm | | <u>Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 | Concentration 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm |
|--|---|--|--|---|
|--|---|--|--|---|

Analytical Method:

NOIF

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 Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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 \$06.119 RSMo.

| DATE5/6/2021 | 9.0 | • | wenter |
|-------------------------|-------|---|--|
| NUMBER 210092 | | | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| EXPIRES <u>5/6/2023</u> | | | (ldo Knish |
| O 580-0771 (6-10) | • • . | * | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

LAB-4 (RG-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 a in Missouri.

Operator STIMSON, ALEXANDER

Permit No 210092

