



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 111678	NAME OF AGENCY Henry County Sheriffs Office	DATE OF INSPECTION 11/03/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. Warrensburg Mo 64093		TIME OF INSPECTION 11:18 am

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 # AG014102 EXP. DATE 05/20/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 • .097	TEST 2 • .098	TEST 3 • .098
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

New placement

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Matthew Bond
TYPE II PERMIT NUMBER/EXPIRATION DATE 210195 9-3-2023	TELEPHONE NUMBER (660) 543-4597

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00005

Temp Date Time ^{a/} 210L

Air Blank:
11/03/21 11:05 .000
Calibration Check:
18 11/03/21 11:05 .097

Subject Name
TEST

Subject I.D. #1

Operator Name, I.D.
MATT Beal 210195
Location 9-3-2023

MISC

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00006

Temp Date Time ^{a/} 210L

Air Blank:
11/03/21 11:07 .000
Calibration Check:
18 11/03/21 11:07 .098

Subject Name
TEST

Subject I.D. #2

Operator Name, I.D.
MATT Beal 210195
Location 9-3-2023
MISC

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00007

Temp Date Time ^{a/} 210L

Air Blank:
11/03/21 11:09 .000
Calibration Check:
19 11/03/21 11:09 .098

Subject Name
TEST

Subject I.D. #3

Operator Name, I.D.
MATT Beal 210195
Location 9-3-2023
MISC

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00008

Temp Date Time ^{a/} 210L

VOID: RFI
12 11/03/21 11:10

Subject Name
TEST

Subject I.D. RFI

Operator Name, I.D.
MATT Beal 210195
Location 9-3-2023
MISC

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00009

Temp Date Time ^{a/} 210L

Air Blank:
11/03/21 11:12 .000
Subject Test: Auto
20 11/03/21 11:12 .000

Subject Name
Bluy

Subject I.D. TEST

Operator Name, I.D.
MATT Beal 210195
Location 9-3-2023



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: 20-May-2020

Lot # AG014102 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-May-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: 2020.05.20 19:51:54 -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

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PERMIT
TYPE II
MATT B. BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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 9/2/2021

NUMBER 210195

EXPIRES 9/2/2023

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES