

**RECEIVED**

By Tracy Crews at 8:14 am, May 25, 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<br>111739  | NAME OF AGENCY<br>Bates City | DATE OF INSPECTION<br>05/21/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>203 N 2nd Street, Bates City |                              | TIME OF INSPECTION<br>8:07 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** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Intoximeter LOT # AG003702 EXP. DATE 02/06/2022 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 .098

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) | 1 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

Virginia DeBoard

TYPE II PERMIT NUMBER/EXPIRATION DATE

210030 2/23/2023

TELEPHONE NUMBER

(816) 690-6575

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

Version no: 532B

TEST RECORD 00416

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 05/21/21 20:07

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00418

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/21/21 20:10 .000  
Calibration Check:  
26 05/21/21 20:10 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00417

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/21/21 20:08 .000  
Calibration Check:  
26 05/21/21 20:08 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00419

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/21/21 20:11 .000  
Calibration Check:  
27 05/21/21 20:11 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 984

Location

203 N 2nd St

Bates City MO



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 7-Feb-2020

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG003702 Model 108cacd

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| <u>Exp. Date</u><br>6-Feb-2022 | <u>Cyl. Type</u><br>108 | <u>Component</u><br>Ethanol<br>Nitrogen | <u>Certified Concentration</u><br>0.100 ± 2% BrAC (272 ppm)<br>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> |
|-----------------------|----------------------|-----------------------|----------------------|
| EB0010561             | 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             | 52.61 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: 2020.02.11 10:59:22 -06:00  
 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

2

**PERMIT**  
**TYPE II**  
**VIRGINIA DEBOARD**

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 2/23/2021

NUMBER 210030

EXPIRES 2/23/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 DEBOARD, VIRGINIA  
 Permit No 210030  
 Date Issued 2/23/2021 Date Expires 2/23/2023