



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 111739	NAME OF AGENCY Bates City	DATE OF INSPECTION 08/28/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 203 N 2nd Street		TIME OF INSPECTION 11:34 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 ← 0.098

TEST 2 ← 0.098

TEST 3 ← 0.098

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
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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).

INSPECTING OFFICER

SIGNATURE
Virginia DeBoard

PRINT NAME
Virginia DeBoard

TYPE II PERMIT NUMBER/EXPIRATION DATE
210030 02/23/2023

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.

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00446

Temp Date Time ^{g/} 210L

Air Blank:
08/28/21 23:34 .000
Calibration Check:
26 08/28/21 23:34 .098

Subject I.D.

Operator Name, I.D.

Virginia DeBoard #984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00447

Temp Date Time ^{g/} 210L

Air Blank:
08/28/21 23:35 .000
Calibration Check:
26 08/28/21 23:35 .098

Subject Name

Operator Name, I.D.

Virginia DeBoard #984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00448

Temp Date Time ^{g/} 210L

Air Blank:
08/28/21 23:37 .000
Calibration Check:
27 08/28/21 23:37 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Virginia DeBoard #984

Location

203 N 2nd St

Bates City MO

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00450

Temp Date Time ^{g/} 210L

VOID: RFI
12 08/28/21 23:38

Subject Name

Subject I.D.

Operator Name, I.D.

Virginia DeBoard #984

Location

203 N 2nd St

Bates City MO



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (RS-10)

MO 590-0771 (8-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named operator 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**



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
 Infotimeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG003702 Model 108cccd

<u>Exp. Date</u> 6-Feb-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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	256.2 ppm
EB0010265	208.0 ppm	EB0010593	206.3 ppm
EB0010361	103.6 ppm	EB0010562	104.2 ppm
EB0010651	62.12 ppm	EB0010579	62.61 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434666	300.0 ppm	0056649	390.1 ppm
CC234563	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.02.17 10:59:23 -0500
 Reason: Dry gas standard calibration of analyte
 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