



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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 111743	PRINTER SN 09B.3589.517	DATE OF INSPECTION 05/03/2021
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119	TIME OF INSPECTION 1:30 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 Intoximeters LOT # AG109003 EXP. DATE 03/31/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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 ➔ .099	TEST 2 ➔ .099	TEST 3 ➔ .100
---------------	---------------	---------------

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	RECEIVED By Tracy Crews at 2:35 pm, May 05, 2021 (0-.04)	0	(.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).

Instrument operating within MO DOHSS standards and guidelines. 9 Volt battery located in instrument replaced on 05/03/2021.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME P.O. Jason A. Lederer
TYPE II PERMIT NUMBER/EXPIRATION DATE 280190 / 08/26/2021	TELEPHONE NUMBER (816) 452-4613

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 111743  
Version no: 532B

TEST RECORD 00586

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

Air Blank:  
05/03/21 13:53 .000  
Calibration Check:  
24 05/03/21 13:53 .099

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743  
Version no: 532B

TEST RECORD 00587

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

Air Blank:  
05/03/21 13:55 .000  
Calibration Check:  
24 05/03/21 13:55 .099

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743  
Version no: 532B

TEST RECORD 00588

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

Air Blank:  
05/03/21 13:56 .000  
Calibration Check:  
25 05/03/21 13:56 .100

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743  
Version no: 532B

TEST RECORD 00589

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

COVID: RFI  
12 05/03/21 13:57

Subject Name

*RFI CHECK*

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111743  
Version no: 532B

TEST RECORD 00590

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

Air Blank:  
05/03/21 13:59 .000  
Subject Test: auto  
25 05/03/21 13:59 .000

Subject Name

*SAMPLE TEST*

Subject I.D.

Operator Name, I.D.

*LEDERER #118/162*

Location

*PERMIT # 290190*

*Exp Date - 08/26/2021*



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:** 31-Mar-2021

**Lot # AG109003 Model 108cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
31-Mar-2023	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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2021.03.31 18:04:07 -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

2

**PERMIT**  
**TYPE II**  
**JASON A LEDERER**

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 8/26/2019

NUMBER 290190

EXPIRES 8/26/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 LEDERER, JASON  
 Permit No 290190  
 Date Issued 8/26/2019 Date Expires 8/26/2021

