



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 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 02/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 2:39 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 # AG023902 EXP. DATE 08/26/2022

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 .102	TEST 2 .102	TEST 3 .102
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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	4	(0-.04)	0	(.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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME STEVEN H. VERBLE
TYPE II PERMIT NUMBER/EXPIRATION DATE 290102, 05/03/2021	TELEPHONE NUMBER (573) 875-1111

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: 111744
Version no: 532B

TEST RECORD 00460

Temp Date Time 210L
Air Blank: 02/01/21 02:41 .000
Calibration Check: 23 02/01/21 02:41 .102

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location

2111 E. County Dr
Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00461

Temp Date Time 210L
Air Blank: 02/01/21 02:44 .000
Calibration Check: 24 02/01/21 02:44 .102

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location

2111 E. County Dr
Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00462

Temp Date Time 210L
Air Blank: 02/01/21 02:47 .000
Calibration Check: 25 02/01/21 02:47 .102

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location

2111 E. County Dr
Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00463

Temp Date Time 210L
Air Blank: 02/01/21 02:49

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Verble, 290102
Location

2111 E. County Dr
Columbia



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

PERMIT
TYPE II

STEVEN H VERBLE



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, INTOX DMT

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 5/3/2019
NUMBER 290102
EXPIRES 5/3/2021
MO 580-5771 (5-10)

W. S. Verble
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

W. S. Verble
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L-04-4 (9E-10)



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: 27-Aug-2020

Lot # AG023902 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
26-Aug-2022	108	Ethanol	0.100 ± 2% BRAC (272 ppm)
		Nitrogen	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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
EB0010661	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 2020.08.27 19:05:48 -05:00
Reason: I have performed 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

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: VERBLE, STEVEN
ID No. 290102
Date Issued 5/3/2019 Date Expires 5/3/2021

