



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 08/11/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA	TIME OF INSPECTION 4:40 am
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG102503</u> EXP. DATE <u>01/25/2023</u>
<input type="checkbox"/> 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 .099	TEST 2 .099	TEST 3 .099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.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 210084, 04/22/2023	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 00509
Temp Date Time 210L %/

Air Blank: 08/11/21 04:41 .000
Calibration Check: 24 08/11/21 04:41 .099

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.

Verble, 210084
Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00510
Temp Date Time 210L %/

Air Blank: 08/11/21 04:46 .000
Calibration Check: 24 08/11/21 04:46 .099

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.

Verble, 210084
Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00511
Temp Date Time 210L %/

Air Blank: 08/11/21 04:50 .000
Calibration Check: 24 08/11/21 04:50 .099

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.

Verble, 210084
Location

2111 E. County Dr

Columbia

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00512
Temp Date Time 210L %/

VOID: RFI
12 08/11/21 04:53

Subject Name
RFI
Subject I.D.

Operator Name, I.D.

Verble, 210084
Location

2111 E. County Dr

Columbia



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

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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 4/22/2021
NUMBER 210084
EXPIRES 4/22/2023
MO 586-0771 (6-12)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-106 (01)

Airgas

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-Jan-2021

Lot # AG102503 Model 108cacc

Exp. Date 25-Jan-2023
Cyl. Type 108
Component Ethanol
Nitrogen
Certified Concentration 0.100 ± 2% BRAC (272 ppm)
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	258.8 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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727483	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: Dry gas standard certification of analysts
Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala
Rod Marsala

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

This permit authorizes the operator to operate an Intoximeter, Intoxalco, or other instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator VERBLE, STEVEN
Permit No 210084
Date Issued 4/22/2021 Date Expires 4/22/2023

ISO 17025:2005 AZLA accredited. Certificate Number 3082.06
ISO 17034:2016 AZLA accredited. Certificate Number 3082.07