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By Tracy Crews at 10:13 am, Mar 27, 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 111745	PRINTER SN 09B.3589.503	DATE OF INSPECTION 03/26/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 601 E. Broadway Ashland	TIME OF INSPECTION 12:22 pm
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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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG102101 EXP. DATE 01/21/2023

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 .078

TEST 2 .077

TEST 3 .077

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)	0	(.15-.19)	3	(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

PRINT NAME  
Gabe Edwards

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200103 / 02-27-2022

TELEPHONE NUMBER  
(573) 657-9062

**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: 111745  
Version no: 532B

TEST RECORD 00174

Temp	Date	Time	s/ 210L
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Air Blank:  
03/26/21 12:22 .000  
Calibration Check:  
22 03/26/21 12:22 .078

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 200103

Location

601 E. Broadway

Ashland

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00175

Temp	Date	Time	s/ 210L
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Air Blank:  
03/26/21 12:23 .000  
Calibration Check:  
23 03/26/21 12:23 .077

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 200103

Location

601 E. Broadway

Ashland

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00176

Temp	Date	Time	s/ 210L
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Air Blank:  
03/26/21 12:24 .000  
Calibration Check:  
23 03/26/21 12:24 .077

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 200103

Location

601 E. Broadway

Ashland

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00177

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 03/26/21 12:25

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 200103

Location

601 E. Broadway

Ashland



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



**PERMIT  
TYPE II**

**GABRIEL A EDWARDS**

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 FRSMo.

DATE 2/27/2020  
NUMBER 2001103  
EXPIRES 2/27/2022

MO 580-0771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RE-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 analyzer for the determination of the alcoholic content of breath from or expired air in Missouri.

Operator: EDWARDS, GABRIEL  
Permit No: 200103  
Date Issued: 2/27/2020 Date Expires: 2/27/2022



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:** 21-Jan-2021

Lot # AG102101 Model 108cacc

<b>Exp. Date</b> 21-Jan-2023	<b>Cvl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 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	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
<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
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: 2021.01.27 18:03:19 -0600  
Reason: I am the author of this document and I certify the accuracy of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: *[Signature]*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07