



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 11/09/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 601 E. Broadway Ashland	TIME OF INSPECTION 3:50 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 ➡ .077

TEST 2 ➡ .076

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)	(.05-.09)	(.10-.14)	(.15-.19)	2	(OVER .19)
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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).

Time adjusted for end of DST.

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 00196

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 15:53 .000
Calibration Check:
24 11/09/21 15:53 .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 00197

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/09/21 15:54

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 00194

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 15:50 .000
Calibration Check:
23 11/09/21 15:50 .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 00195

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 15:51 .000
Calibration Check:
23 11/09/21 15:51 .076

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

I 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 77.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

ATE 2/27/2020 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200103

XPIRES 2/27/2022 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.

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



Airgas USA LLC (LAA)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 21-Jan-2021

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo. 63146

Lot # AG102101 Model 108Cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
21-Jan-2023	108	Ethanol	0.080 ± 0.002 BAC (218 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	EB0010503	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010585	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
CC7Z7481	800.0 ppm	CC7Z7493	390.0 ppm
CC7Z7496	253.0 ppm	CC7Z7498	150.0 ppm

Analytical Method: NDIR

Digitally Signed by Quality Control
Date: 2021.01.27 18:03:19 -0600
Reason: My first standard certification of analysis
Location: Nrgs USA LLC (LAA)

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