



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 111765 | PRINTER SN 09B.3589.431 | DATE OF INSPECTION 10/06/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court Lee's Summit Missouri 64064 | | TIME OF INSPECTION 1:31 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG006306</u> EXP. DATE <u>03/03/2022</u> | |
| <input type="checkbox"/> 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 ← .098 | TEST 2 ← .098 | TEST 3 ← .098 |
|---------------|---------------|---------------|

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 | 7 | (0-.04) | 0 | (.05-.09) | 2 | (.10-.14) | 2 | (.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 meets all DHSS standards and guidelines.

INSPECTING OFFICER

| | |
|--|--------------------------------------|
| SIGNATURE | PRINT NAME DEP. S. STOFF #63/0411 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022 | TELEPHONE NUMBER (816) 795-1960 |

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 IU Serial no: 111765
Version no: 532B

TEST RECORD 00305

Temp Date Time 210L ^{s/}

Air Blank: 10/06/21 01:31 .000
Calibration Check: 22 10/06/21 01:31 .098

Subject Name

TEST #1

Subject I.D.

Month. Maint.

Operator Name, I.D.

STOP #103

Location

GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00306

Temp Date Time 210L ^{s/}

Air Blank: 10/06/21 01:33 .000
Calibration Check: 23 10/06/21 01:33 .098

Subject Name

TEST #2

Subject I.D.

Month Maint

Operator Name, I.D.

STOP #105

Location

GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00307

Temp Date Time 210L ^{s/}

Air Blank: 10/06/21 01:35 .000
Calibration Check: 24 10/06/21 01:35 .098

Subject Name

TEST #3

Subject I.D.

Month Maint

Operator Name, I.D.

STOP #105

Location

GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00308

Temp Date Time 210L ^{s/}

VOID: RFI
12 10/06/21 01:36

Subject Name

RFI TEST

Subject I.D.

Month Maint

Operator Name, I.D.

STOP #105

Location

GHQ



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: 4-Mar-2020

Lot # AG006306 Model 108cadd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 3-Mar-2022 | 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> |
|-----------------------|----------------------|-----------------------|----------------------|
| 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: 2020.03.05 13:27:24 -06:00
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



PERMIT
TYPE II
SEAN R. STOFF

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 12/11/2020

NUMBER 200304

EXPIRES 12/11/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator STOFF, SEAN
Permit No 200304
Date Issued 12/11/2020 **Date Expires** 12/11/2022

