



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crews at 7:25 am, Apr 01, 2022

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 097424 | NAME OF AGENCY Wentzville Police Department | DATE OF INSPECTION 03/31/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Schroeder Creek Blvd. Wentzville, MO. 63385 | | TIME OF INSPECTION 08:19 Hours |

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>AG113801</u> EXP. DATE <u>05-18-2023</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 \blacktriangleleft .096 | TEST 2 \blacktriangleleft .097 | TEST 3 \blacktriangleleft .096 |
|----------------------------------|----------------------------------|----------------------------------|

- RFI DETECTOR OPERATING

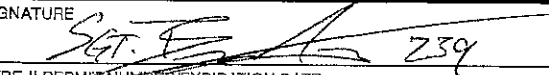
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|------------|-----------|-------------|-------------|-------------|--------------|
| REFUSALS 0 | (0-.04) 0 | (.05-.09) 0 | (.10-.14) 0 | (.15-.19) 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).

True-Call II. .097 - Adjust time for DST

INSPECTING OFFICER

| | |
|---|-------------------------------------|
| SIGNATURE  | PRINT NAME Branden Anderson |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200265 / 10-14-2022 | TELEPHONE NUMBER (636) 327-5105 |

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: 097424
Version no: 532B

TEST RECORD 01446

Temp Date Time ^{s/} 210L

Air Blank:
03/31/22 08:19 .000
Calibration Check:
24 03/31/22 08:19 .096

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Anderson

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 01447

Temp Date Time ^{s/} 210L

Air Blank:
03/31/22 08:20 .000
Calibration Check:
25 03/31/22 08:20 .097

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Anderson

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 01448

Temp Date Time ^{s/} 210L

Air Blank:
03/31/22 08:22 .000
Calibration Check:
25 03/31/22 08:22 .096

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Anderson

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 01449

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/31/22 08:22

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Anderson

Location



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: 18-May-2021

Lot # AG113801 Model 108cadd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|-------------------------|-------------------------|-------------------------|---------------------------------------|
| 18-May-2023 | 108 | Ethanol | 0.100 ± 2% BrAC (272 ppm) |
| | | Nitrogen | 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: 2021.05.19 13:49:52 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 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

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**PERMIT
 TYPE II**

BRANDEN ANDERSON

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 EC/IR II

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 10/14/2020

NUMBER 200265

EXPIRES 10/14/2022

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 ANDERSON, BRANDEN
 Permit No 200265
 Date Issued 10/14/2020 Date Expires 10/14/2022

