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By Tracy Crews at 3:32 pm, Apr 04, 2022



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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 04/01/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701	TIME OF INSPECTION 10:39 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG106801 EXP. DATE 03/09/2023

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 0.079

TEST 2 0.080

TEST 3 0.080

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
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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).

N/A

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Brian C. Kincaide

TYPE II PERMIT NUMBER/EXPIRATION DATE
210009 01/26/2023

TELEPHONE NUMBER
(816) 380-8940

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: 097430
Version no: 532B

TEST RECORD 00860

Temp Date Time 210L ^{9/}

Air Blank:
04/04/22 10:39 .000
Calibration Check:
21 04/04/22 10:39 .079

Subject Name

TEST # 1

Subject I.D.

N/A

Operator Name, I.D.

KINGAIDE 058

Location

205 N Lexington

Hwill 64701

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00861

Temp Date Time 210L ^{9/}

Air Blank:
04/04/22 10:42 .000
Calibration Check:
21 04/04/22 10:42 .080

Subject Name

TEST # 2

Subject I.D.

N/A

Operator Name, I.D.

KINGAIDE 058

Location

205 N Lexington

Hwill 64701

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00862

Temp Date Time 210L ^{9/}

Air Blank:
04/04/22 10:44 .000
Calibration Check:
22 04/04/22 10:44 .080

Subject Name

TEST # 3

Subject I.D.

N/A

Operator Name, I.D.

KINGAIDE 058

Location

205 N Lexington

Hwill 64701

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00863

Temp Date Time 210L ^{9/}

VOID: RFI
12 04/04/22 10:46

Subject Name

RFI Check

Subject I.D.

N/A

Operator Name, I.D.

KINGAIDE 058

Location

205 N Lexington

Hwill 64701



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: 9-Mar-2021

Lot # AG106801 Model 108cacc

Exp. Date
9-Mar-2023

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.080 ± 0.002 BrAC (218 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm
CC727496	253.0 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727493	390.0 ppm
CC727498	150.0 ppm

Analytical Method: NDIR

Approved for Release: _____

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

BRIAN C. KINCAIDE

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 1/26/2021

NUMBER 210009

EXPIRES 1/26/2023

MO 589.0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **KINCAIDE, BRIAN**
 Permit No **210009**
 Date issued **1/26/2021** Date Expires **1/26/2023**

