



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 105449	NAME OF AGENCY MANCHESTER	DATE OF INSPECTION 12-10-22
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD, MANCHESTER MO 63011		TIME OF INSPECTION 1:32d

**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) *22c*
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG202002 EXP. DATE 01/20/2024
- 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 <i>0.098</i>	TEST 2 <i>0.095</i>	TEST 3 <i>0.099</i>
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- 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 <i>1</i>	(0-.04) <i>0</i>	(.05-.09) <i>0</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	(OVER .19) <i>0</i>
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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 <i>Lowell Moore 5369</i>	PRINT NAME <i>Lowell Moore</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>21007d 9-6-2023</i>	TELEPHONE NUMBER <i>(636) 227-1410</i>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

3  
 AS IV Serial no: 185449  
 Version no: 532B

TEST RECORD 00223 s/  
 Temp Date Time 210L  
 Air Blank: 12/10/22 13:25 .080  
 Calibration Check: 23 12/10/22 13:25 .099

Subject Name  
 TEST  
 Subject I.D.

Operator Name, I.D.  
 L. Meace d Leonard  
 Location  
 200 Highlands Blvd

Operator Name, I.D.  
 L. Meace d Leonard  
 Location  
 200 Highlands Blvd

2  
 AS IV Serial no: 185449  
 Version no: 532B

TEST RECORD 00222 s/  
 Temp Date Time 210L  
 Air Blank: 12/10/22 13:23 .080  
 Calibration Check: 23 12/10/22 13:23 .095

Subject Name  
 TEST  
 Subject I.D.

Operator Name, I.D.  
 L. Meace d Leonard  
 Location  
 200 Highlands Blvd

AS IV Serial no: 185449  
 Version no: 532B  
 TEST RECORD 00224 s/  
 Temp Date Time 210L  
 VOID: RFI  
 12 12/10/22 13:26  
 Subject Name  
 RFI  
 Subject I.D.

1  
 AS IV Serial no: 185449  
 Version no: 532B

TEST RECORD 00221 s/  
 Temp Date Time 210L  
 Air Blank: 12/10/22 13:22 .080  
 Calibration Check: 22 12/10/22 13:22 .098

Subject Name  
 TEST  
 Subject I.D.

Operator Name, I.D.  
 L. Meace d Leonard  
 Location  
 Highlands Blvd



**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:** 24-Jan-2022

**Lot #** AG202002 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
20-Jan-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

**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	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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 01.24.2022 14:25

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



PERMIT  
TYPE II

LOWELL MOORE

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 4/6/2021

NUMBER 210072

EXPIRES 4/6/2023

MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

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 **MOORE, LOWELL**  
Permit No **210072**  
Date Issued **4/6/2021** Date Expires **4/6/2023**