

RECEIVED

By Tracy Crews at 12:49 pm, Aug 31, 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 107987	NAME OF AGENCY Nixa PD (MSC Repair)	DATE OF INSPECTION 08/30/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. Warrensburg Mo 64093		TIME OF INSPECTION 10:41 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** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Intoximeters LOT # AG117403 EXP. DATE 06/23/2023 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 .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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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).

Replaced breath manifold and printer battery and 9v battery.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Matthew Bond
TYPE II PERMIT NUMBER/EXPIRATION DATE 210195 09/02/2023	TELEPHONE NUMBER (660) 543-4597

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: 107987
Version no: 532B

TEST RECORD 01666

Temp Date Time ^{s/} 210L

Air Blank:
08/30/22 10:41 .000
Calibration Check:
24 08/30/22 10:41 .098

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MATT Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 01667

Temp Date Time ^{s/} 210L

Air Blank:
08/30/22 10:43 .000
Calibration Check:
24 08/30/22 10:43 .098

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MATT Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 01668

Temp Date Time ^{s/} 210L

Air Blank:
08/30/22 10:45 .000
Calibration Check:
24 08/30/22 10:45 .098

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

MATT Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 01669

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/30/22 10:47

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

MATT Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 01670

Temp Date Time ^{s/} 210L

Air Blank:
08/30/22 10:48 .000
Subject Test: Auto
25 08/30/22 10:48 .000

Subject Name

Blank

Subject I.D.

TEST

Operator Name, I.D.

MATT Bond 210195

Location 9-2-2023

MSC



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: 23-Jun-2021

Lot # AG117403 **Model** 108cadd

Exp. Date

23-Jun-2023

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2021.06.24 11:40:09 -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

2

PERMIT
TYPE II
MATT B. BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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 9/2/2021

NUMBER 210195

EXPIRES 9/2/2023

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES