



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 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 05/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031		TIME OF INSPECTION 7:04 pm

**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 INTOXIMETERES LOT # AG906601 EXP. DATE 03/07/2021

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 .099

TEST 2 .099

TEST 3 .099

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)
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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).

Instrument working within D.O.H. guidelines.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Kyle Feldmann DSN 623

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200262 10/2/2022

TELEPHONE NUMBER  
(314) 831-7000

**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

NS DU Serial no: 187989  
Version no: 5728

TEST RECORD 01198

Temp Date Time <sup>sw</sup> 210L

Run Blank:  
25 04/22 19:04 .000  
Calibration Check:  
24 05/04/22 19:04 .000

Subject Name  
**TEST 1**  
Operator ID:

Operator Name: I.D.  
**FELDMANN 200202**  
Location  
**FPD**

NS DU Serial no: 187989  
Version no: 5728

TEST RECORD 01199

Temp Date Time <sup>sw</sup> 210L

Run Blank:  
27 04/22 19:05 .000  
Calibration Check:  
24 05/04/22 19:05 .000

Subject Name  
**TEST 2**  
Operator ID:

Operator Name: I.D.  
**FELDMANN 200202**  
Location  
**FPD**

NS DU Serial no: 187989  
Version no: 5728

TEST RECORD 01200

Temp Date Time <sup>sw</sup> 210L

Run Blank:  
25 04/22 19:09 .000  
Calibration Check:  
25 05/04/22 19:09 .000

Subject Name  
**TEST 3**  
Operator ID:

Operator Name: I.D.  
**FELDMANN 200202**  
Location  
**FPD**

NS DU Serial no: 187989  
Version no: 5728

TEST RECORD 01201

Temp Date Time <sup>sw</sup> 210L

Run Blank:  
24 05/04/22 19:11

Subject Name  
**RFI**  
Operator ID:

Operator Name: I.D.  
**FELDMANN 200202**  
Location  
**FPD**

NS DU Serial no: 187989  
Version no: 5728

TEST RECORD 01202

Temp Date Time <sup>sw</sup> 210L

Run Blank:  
25 04/22 19:13 .000  
SUBJECT TEST: Auto  
25 05/04/22 19:13 .000

Subject Name  
**BLANK**  
Operator ID:

Operator Name: I.D.  
**FELDMANN 200202**  
Location  
**FPD**



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:** 2-Mar-2021

**Lot #** AG106001 **Model** 108cacc

**Exp. Date**

1-Mar-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:

<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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 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

2

PERMIT  
TYPE II

KYLE J FELDMANN

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 10/2/2020

NUMBER 200262

EXPIRES 10/2/2022

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 **FELDMANN, KYLE**  
Permit No **200262**  
Date Issued **10/2/2020**    Date Expires **10/2/2022**