



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 107997	NAME OF AGENCY PETTIS CO SHERIFF'S OFFICE	DATE OF INSPECTION 08/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 319 S LAMINE AVE, SEDALIA		TIME OF INSPECTION 9:05 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 Intoximeters LOT # AG110402 EXP. DATE 04/14/2023

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 → .078

TEST 2 → .078

TEST 3 → .078

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).

Instrument operating with in standards established by MODHSS

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Jimmy Moore
TYPE II PERMIT NUMBER/EXPIRATION DATE 210261 11/18/2023	TELEPHONE NUMBER

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: 107997
Version no: 532B

TEST RECORD 00539

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:
08/21/22 21:55 .000
Calibration Check:
21 08/21/22 21:55 .078

Subject Name

Subject I.D.

Maintenance 1
Operator Name, I.D.

Location

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00540

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:
08/21/22 21:57 .000
Calibration Check:
21 08/21/22 21:57 .078

Subject Name

Subject I.D.

Maintenance 2
Operator Name, I.D.

Location

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00541

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:
08/21/22 21:58 .000
Calibration Check:
22 08/21/22 21:58 .078

Subject Name

Maintenance 3
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00542

Temp	Date	Time	g/ 210L
------	------	------	------------

VOID: RFI
12 08/21/22 21:59

Subject Name

Subject I.D.

RFI
Operator Name, I.D.

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: 14-Apr-2021

Lot # AG110402 Model 108cadd

<u>Exp. Date</u> 14-Apr-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 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>	<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: 2021.04.14 18:39:50 -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



PERMIT
TYPE II
JIMMY D. 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 DMT

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 308.111 through 308.119 RSMo.

DATE 11/18/2021

Laura E. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210261

Donald S. Kauffman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/18/2023

LAB-4 (R6:10)

MO 580-0771 (8-10)

 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, JIMMY
 Permit No 210261
 Date issued 11/18/2021 Date Expires 11/18/2023

