

By Tracy Crews at 8:01 am, Jan 13, 2022



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| , SWEEK,  | - THE STATE OF THE |      |                                    |                                 |
|---|--|------|------------------------------------|---------------------------------|
| 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 PRINTER SN 099.3586.615   |  |      |                                    | ATE OF INSPECTION<br>01/11/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Richland PD 201 South Chestnut Street Richland Missouri 65556  |  |      |                                    | ME OF INSPECTION<br>12:56 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  |  |      |                                    |                                 |
| STANDARD SUPPLIER Intoximeters  | STANDARD SUPPLIER Intoximeters LOT # AG109702  |      | EXP. DATE <u>04/07/2023</u>        |                                 |
| ☐ SIMULATOR TEMPERATURE (34°C ± 0   | .2°C) SIMULATO   | R SN | SIMULAT                            | TOR EXP DATE                    |
| 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 = 0.100  | TEST 2 * 0.102   |      | TEST 3 - 0.100                     |                                 |
| ☑ 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 (004) 0  | (,05-,09) 0 (,10-,   | w 0  | (.1519) 0                          | (OVER .19) 0                    |
| List any new parts and describe any alteration  | (,00,-00)  |      | 1                                  |                                 |
| established limits (use other side if necessary).   |  |      |                                    |                                 |
| Instrument is operating within established limits.  |  |      |                                    |                                 |
|   |  |      |                                    |                                 |
|   |  |      |                                    |                                 |
|   |  |      |                                    |                                 |
| INSPECTING OFFICER  |  |      |                                    |                                 |
| SIGNATURE   | 10097  | 0.0  | PRINT NAME<br>David L. Moser       | C o Collinari II                |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200277 11/05/2022   | une c  |      | TELEPHONE NUMBER<br>(573) 480-4144 |                                 |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  |  |      |                                    |                                 |
| 2875 James Boulevard<br>Poplar Bluff, MO 63901  |  |      |                                    |                                 |

MO 580-1351 (8-10)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER envices provided on a nondecriminatory basis LAB-114

AS IU Serial no: 111326 Version no: 532B

TEST RECORD 60953

Temp Date Time 218L

Air Blank: 81/11/22 12:53 .080 Subject Test: Man 23 01/11/22 12:53 .080

Subject Name

BLANCK JEST Subject I.B.

Deprator Name, I.D.

D MOSERZOOZZ

Location

RLITUAUD PD

AS IV Serial no: 111326 Version no: 532B

TEST RECORD 00554

9/ Temp Date Time 210L

Air Blank: 01/11/22 12:56 .000 Subject Test! Man 24 01/11/22 12:56 .100

Subject Name

TEST (

Operator Hame: I.D.

DMOSER 20027

PICHILLAND PID

AS IV Serial no: 111326 Version no: 532B

TEST RECORD 00255

Temp Date Time 218L

Air Blank:

01/11/22 12:57 .000 whiert Test: Men

Subject Test: Man

24 01/11/22 12:57 .102

Subject Name

TEST 2 Subject I.D.

Operator Hame, I.D.

DMOSER 200277

Location

RIDHLAUD PD

AS IV Serial no: 111326 Version no: 532B

TEST RECORD 90956

e/ Temr Date Time 2181

Air Blank: 01/11/22 12:59 .000 Subject Test! Man 24 01/11/22 12:59 .100

Subject Name

1007 3

Subject I.D.

Operator Hame, I.D.

DMOSER 200277

Location

RICHLAND PD

AS IV Serial no: 111326 Version no: 532B

TEST RECORD 99857

a/ Temp Date Time 218L

void: RFI

12 01/11/22 13:00

Subject Name

RFI TEST

Subject I.D.

Operator Name: I.D.

DMOSER 200277

Location

RIOHISAND PD



Alrgas 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: 8-Apr-2021

#### Lot # AG109702 Model 108cacd

Exp. Date 7-Apr-2023 Cyl. Type

Component

Certified Concentration

10

Ethanol Nitrogen 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. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method:

**NDIR** 

Digitally algoed by Quality Control Date: 2021,04,08 18:23:39-05:00 Reason: Dry gas standard certification of analysis Location: Airgas; USA LLC (Lab)

Approved for Release:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

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### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## DAVID L. MOSER

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

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 \_\_\_11/5/2020

NUMBER 200277

EXPIRES 11/5/2022

MO 580-0271 (8-1n)

1 MB 1

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1 AB-4 (R5-10)



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SERIOR SERVICES BREATH ALCOHOL PROGRAM

#### INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol nstrument for the determination of the alcoholic content in breath form of expired a in Missouri

Operator MOSER, DAVID

Permit No

Date Issued 11/5/2020 Date Expires 11/5/2022

