



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 111334 | PRINTER SN 099.3586.576 | DATE OF INSPECTION 07/28/22 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St, Joplin, Mo, 64801 | | TIME OF INSPECTION 1658 |

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 # **AG133604** EXP. DATE **11/30/23**

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 • .100 | TEST 2 • .100 | TEST 3 • .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-.04) | (.05-.09) | (.10-.14) 2 | (.15-.19) | (OVER .19) 1 |
|----------|---------|-----------|--------------------|-----------|---------------------|

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 | PRINT NAME H. Hinkle 1082 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210271 11/26/23 | TELEPHONE NUMBER 417-623-3131 x1435 |

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

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00409

Temp Date Time ^{g/} 210L

Air Blank:
07/28/22 17:01 .000
Calibration Check:
34 07/28/22 17:01 .100

Subject Name

test 3

Subject I.D.

Operator Name, I.D.

H.Hinkle 1082

Location

303 E 3rd St

Joplin Mo 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00407

Temp Date Time ^{g/} 210L

Air Blank:
07/28/22 16:58 .000
Calibration Check:
34 07/28/22 16:58 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

H.Hinkle 1082

Location

303 E 3rd St

Joplin, Mo 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00410

Temp Date Time ^{g/} 210L

VOID: YES
12 07/28/22 17:02

Subject Name

TEST 4

Subject I.D.

Operator Name, I.D.

H.Hinkle 1082

Location

303 E 3rd St

Joplin, Mo 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00408

Temp Date Time ^{g/} 210L

Air Blank:
07/28/22 16:59 .000
Calibration Check:
34 07/28/22 16:59 .100

Subject Name

test 2

Subject I.D.

Operator Name, I.D.

H.Hinkle 1082

Location

303 E 3rd St

Joplin Mo 64801



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: 1-Dec-2021

Lot # AG133404 Model 55

| Exp Date | Cyl. Type | Component | Certified Concentration |
|-------------|-----------|---------------------|---------------------------|
| 30-Nov-2023 | 55 | 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: 12.01.2021 20:11

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

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PERMIT
TYPE II
HAYDEN HINKLE

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, INTOXILYZER 8000

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 11/26/2021

Laura E. Wang

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210271

Donna A. Korman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/26/2023

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 HINKLE, HAYDEN
Permit No 210271
Date Issued 11/26/2021 **Date Expires** 11/26/2023

