



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 111641	NAME OF AGENCY Kirkville Pd (misc new placement)	DATE OF INSPECTION 6-23-2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holder St Waverly, MO 64083		TIME OF INSPECTION 11:28

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

RECEIVED
 By Tracy Crews at 8:12 am, Jun 23, 2022

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **Intoximetry** LOT # **A6117403** EXP. DATE **6-23-2023**
- 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 • .099	TEST 2 • .099	TEST 3 • .099
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- 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).

New Placement

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT NAME MATTHEW BIRD
TYPE II PERMIT NUMBER/EXPIRATION DATE 910195 9-2-2023	TELEPHONE NUMBER 610 543-4157

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: 111641
Version no: 532B

TEST RECORD 00023

Temp Date Time 210L

Air Blank:
06/21/22 11:25 .000
Calibration Check:
23 06/21/22 11:25 .100

Subject Name
TEST

Subject I.D.
#CAL

Operator Name, I.D.

MAT Band 210195
Location 9-2-2023

MSC

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00024

Temp Date Time 210L

Air Blank:
06/21/22 11:28 .000
Calibration Check:
24 06/21/22 11:28 .099

Subject Name
TEST

Subject I.D.
#1

Operator Name, I.D.

MAT Band 210195
Location 9-2-2023

MSC

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00025

Temp Date Time 210L

Air Blank:
06/21/22 11:30 .000
Calibration Check:
26 06/21/22 11:30 .099

Subject Name
TEST

Subject I.D.
#2

Operator Name, I.D.

MAT Band 210195
Location 9-2-2023

MSC

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00026

Temp Date Time 210L

Air Blank:
06/21/22 11:36 .000
Calibration Check:
26 06/21/22 11:36 .099

Subject Name
TEST

Subject I.D.
#3

Operator Name, I.D.

MAT Band 210195
Location 9-2-2023

MSC

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00027

Temp Date Time 210L

VOID: RFI
12 06/21/22 11:37

Subject Name
TEST

Subject I.D.
RFI

Operator Name, I.D.

MAT Band 210195
Location 9-2-2023

MSC

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L

Air Blank:
06/21/22 11:39 .000
Subject Test: Auto
26 06/21/22 11:39 .000

Subject Name
Blank

Subject I.D.
TEST

Operator Name, I.D.

MAT Band 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** 108cacd

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:

<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: 2021.06.24 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

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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. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES