



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 111643 | PRINTER SN 09B.3589.470 | DATE OF INSPECTION 02/04/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064 | | TIME OF INSPECTION 11:17 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 # AG006306 EXP. DATE 03/03/2022

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 .102 TEST 2 .101 TEST 3 .101

- 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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 meets all DHSS standards and guidelines.

| | |
|--|-------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME DEPUTY DUSTIN B. LOVE |
| TYPE II PERMIT NUMBER EXPIRATION DATE 220006 01/06/2024 | TELEPHONE NUMBER (816) 524-4302 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Ponchar Bluff MO 63001

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00426 s/
Temp Date Time 210L

Air Blank: 02/04/22 23:17 .000
Calibration Check: 23 02/04/22 23:17 .102

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. D. Lane #61
Location

DCSO 646

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00427 s/
Temp Date Time 210L

Air Blank: 02/04/22 23:19 .000
Calibration Check: 24 02/04/22 23:19 .101

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. D. Lane #61
Location

DCSO 646

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00428 s/
Temp Date Time 210L

Air Blank: 02/04/22 23:20 .000
Calibration Check: 25 02/04/22 23:20 .101

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. D. Lane #61
Location

DCSO 646

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00429 s/
Temp Date Time 210L

VOID: RPI
02 02/04/22 23:21

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. D. Lane #61
Location

DCSO 646



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: 4-Mar-2020

Lot # AG006306 Model 108cacc

| | | | |
|---------------------------------------|--------------------------------|--|---|
| <u>Exp. Date</u> 3-Mar-2022 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 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> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 | <u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm | <u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579 | <u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm |
| <u>CRM Serial No.</u> CC434668 CC234503 | <u>Concentration</u> 800.0 ppm 253.0 ppm | <u>CRM Serial No.</u> 0056649 0056662 | <u>Concentration</u> 390.1 ppm 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.03.05 13:27:24 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: *Rod Marsala*
 Rod Marsala

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



PERMIT
TYPE II
DUSTIN B. LOVE

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 1/6/2022

NUMBER 220006

EXPIRES 1/6/2024

Laura E. Nag

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Krumm

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 LOVE, DUSTIN
Permit No 220006
Date Issued 1/6/2022 **Date Expires** 1/6/2024

