



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 111654	NAME OF AGENCY Platte Co SO (MSC Repair)	DATE OF INSPECTION 08/31/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. Warrensburg Mo 64093		TIME OF INSPECTION 10:13 am

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 # AG117403 EXP. DATE 06/23/2023
- 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 ← .097	TEST 2 ← .097	TEST 3 ← .097
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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).

Calibration adjustment

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Matthew Bond
TYPE II PERMIT NUMBER/EXPIRATION DATE 210195 9/2/2023	TELEPHONE NUMBER (660) 543-4597

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: 111654
Version no: 532B

TEST RECORD 00149

Temp Date Time 210L

Air Blank:
08/31/22 09:50 .000
Calibration:
23 08/31/22 09:50 .097

Subject Name

CAL

Subject I.D.

Adjust

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

MSC

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00150

Temp Date Time 210L

Air Blank:
08/31/22 10:13 .000
Calibration Check:
23 08/31/22 10:13 .097

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

MSC

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00151

Temp Date Time 210L

Air Blank:
08/31/22 10:16 .000
Calibration Check:
23 08/31/22 10:16 .097

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

MSC

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00152

Temp Date Time 210L

Air Blank:
08/31/22 10:17 .000
Calibration Check:
23 08/31/22 10:17 .097

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

MSC

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00153

Temp Date Time 210L

VOID: RFI
12 08/31/22 10:18

Subject Name

Blat RFI

Subject I.D.

TEST

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

MSC

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00154

Temp Date Time 210L

Air Blank:
08/31/22 10:20 .000
Subject Test: Auto
24 08/31/22 10:20 .000

Subject Name

Blank

Subject I.D.

TEST

Operator Name, I.D.

MAT B-d 210195

Location 9-2-23

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** 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
23-Jun-2023	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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 P. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES