



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 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 02/10/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 7:03 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 # AG112301 EXP. DATE 05/03/2023
- 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 ← .101	TEST 2 ← .100	TEST 3 ← .100
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Instrument operating satisfactorily and within established limits.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME STEVEN H. VERBLE
TYPE II PERMIT NUMBER/EXPIRATION DATE 210084, 04/22/2023	TELEPHONE NUMBER (573) 875-1111

**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: 111744  
Version no: 532B

TEST RECORD 00548  
g/  
Temp Date Time 210L

Air Blank: 02/10/22 07:01 .000  
Calibration Check: 21 02/10/22 07:01 .101

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
Verble, 210084  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00549  
g/  
Temp Date Time 210L

Air Blank: 02/10/22 07:04 .000  
Calibration Check: 22 02/10/22 07:04 .100

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
Verble, 210084  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00550  
g/  
Temp Date Time 210L

Air Blank: 02/10/22 07:08 .000  
Calibration Check: 22 02/10/22 07:08 .100

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
Verble, 210084  
Location  
2111 E. County Dr  
Columbia

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00551  
g/  
Temp Date Time 210L

VOID: RFI  
12 02/10/22 07:11

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
Verble, 210084  
Location  
2111 E. County Dr  
Columbia



Airgas USA LLC (LAB)  
 3600 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: 3-May-2021

Lot # AG112301 Model 108caod

Exp. Date 3-May-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:**

RGM Serial No.	Concentration	RGM Serial No.	Concentration
E80010581	392.1 ppm	E80010603	393.0 ppm
E80010570	259.8 ppm	E80010559	258.2 ppm
E80010285	208.0 ppm	E80010595	208.3 ppm
E80010561	103.6 ppm	E80010562	104.2 ppm
E80010681	52.12 ppm	E80010579	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  
 Date: 2021.05.04 12:16:54 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Paducah, USA, LLC (LAB)

Approved for Release: Rod Marsala  
 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



**PERMIT  
 TYPE II**

**STEVEN H. VERBLE**

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, INTOX DMT**

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 4/22/2021  
 NUMBER 210084  
 EXPIRES 4/22/2023  
 MO 889.071 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**  
 The named cardholder is authorized to operate an expiratory breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.  
 Operator: VERBLE, STEVEN  
 Date Issued: 4/22/2021 Date Expires: 4/22/2023