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By Tracy Crews at 8:42 am, Oct 21, 2022



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 10/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 5:00 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG112301</u> EXP. DATE <u>05/03/2023</u>
<input type="checkbox"/> 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 ← .102	TEST 2 ← .101	TEST 3 ← .101
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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	2	(0-.04)	1	(.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 Jesse Dennison
TYPE II PERMIT NUMBER/EXPIRATION DATE 220166/ 6/24/2024	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: 5370
TEST RECORD 00635 %
Time 210L

Temp
VOID: RPI
12 10/21/72 05:04

Subject Name
211

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00634 %
Time 210L

Temp
Air Blank:
10/21/72 05:03 .000
Air 10/21/72 Check: .101
Calibration Check: 101

Subject Name
21

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00633 %
Time 210L

Temp
Air Blank:
10/21/72 05:02 .000
Air 10/21/72 Check: .101
Calibration Check: 101

Subject Name
211

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00632 %
Time 210L

Temp
Air Blank:
10/21/72 05:00 .000
Air 10/21/72 Check: .102
Calibration Check: 102

Subject Name
211

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00634 %
Time 210L

Temp
Air Blank:
10/21/72 05:03 .000
Air 10/21/72 Check: .101
Calibration Check: 101

Subject Name
21

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00633 %
Time 210L

Temp
Air Blank:
10/21/72 05:02 .000
Air 10/21/72 Check: .101
Calibration Check: 101

Subject Name
211

Subject I.D.

Operator Name: 211 E County
Location: DR

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00632 %
Time 210L

Temp
Air Blank:
10/21/72 05:00 .000
Air 10/21/72 Check: .102
Calibration Check: 102

Subject Name
211

Subject I.D.

Operator Name: 211 E County
Location: DR



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: 3-May-2021

Lot # AG112301 **Model** 108cacc

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:

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm
CC234503	253.0 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
0056649	390.1 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: Airgas 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

2

**PERMIT
TYPE II**

JESSE DENNISON

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 6/24/2022

NUMBER 220166

EXPIRES 6/24/2024

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 DENNISON, JESSE
Permit No 220166
Date Issued 6/24/2022 Date Expires 6/24/2024

