



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:54 pm, Nov 21, 2022

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 11/20/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 9:45 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .102	TEST 2 ← .102	TEST 3 ← .102
---------------	---------------	---------------

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)	2	(.10-.14)	1	(.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 OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS. CLOCK ADJUSTED FOR DAYLIGHT SAVING TIME.

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: 5370
TEST RECORD 00642 s/
Temp Date Time 210L
Air Blank: 11/20/22 10:00 .000
Calibration Check: 26 11/20/22 10:00 .102
Subject Name
Test 3
Subject I.D.
Operator Name: J.J.
Verble, 210084
Location
2111 E. County Dr
Columbia

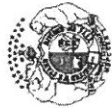
AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00641 s/
Temp Date Time 210L
Air Blank: 11/20/22 09:54 .000
Calibration Check: 25 11/20/22 09:54 .102
Subject Name
Test 2
Subject I.D.
Operator Name: J.J.
Verble, 210084
Location
2111 E. County Dr
Columbia

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00640 s/
Temp Date Time 210L
Air Blank: 11/20/22 09:47 .000
Calibration Check: 24 11/20/22 09:47 .102
Subject Name
Test 1
Subject I.D.
Operator Name: J.J.
Verble, 210084
Location
2111 E. County Dr
Columbia

AS IV Serial no: 111744
Version no: 5370
TEST RECORD 00643 s/
Temp Date Time 210L
VOID: RFI
12 11/20/22 10:26
Subject Name
RFI
Subject I.D.
Operator Name: J.J.
Verble, 210084
Location
2111 E. County Dr
Columbia



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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	Cyl. Type	Component	Certified Concentration
3-May-2023	108	Ethanol Nitrogen	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
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
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 -0500
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

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
MD 985.071 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LMO-4 (06-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The holder of this card is authorized to operate the instrument for the determination of the alcoholic content of breath from a sample of expired air in Missouri.

Operator: VERBLE STEVEN
Permit No. 210084
Card Issued: 4/22/2021
Date Expires: 4/22/2023