



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 111745	PRINTER SN 09B.3589.503	DATE OF INSPECTION 04/13/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 101 W. Broadway Ashland		TIME OF INSPECTION 5:12 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.

<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>AG102101</u> EXP. DATE <u>01/21/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	
<input checked="" type="checkbox"/> 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 type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input checked="" 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 ➔ .079	TEST 2 ➔ .078	TEST 3 ➔ .078
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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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)	2	(.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).

[Handwritten Signature]

INSPECTING OFFICER	
SIGNATURE	PRINT NAME Gabe Edwards
TYPE II PERMIT NUMBER/EXPIRATION DATE 220077 / 03-09-2024	TELEPHONE NUMBER (573) 657-9062

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 111745
Version no: 532B

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00210

TEST RECORD 00212

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
04/13/22 17:12 .000
Calibration Check:
19 04/13/22 17:12 .079

Air Blank:
04/13/22 17:16 .000
Calibration Check:
20 04/13/22 17:16 .078

Subject Name
Maintenance
Subject I.D.

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location
101 W. Broadway
Ashland

Operator Name, I.D.
G. Edwards 220077
Location
101 W. Broadway
Ashland

AS IV Serial no: 111745
Version no: 532B

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00211

TEST RECORD 00213

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
04/13/22 17:14 .000
Calibration Check:
20 04/13/22 17:14 .078

VOID: RFI
12 04/13/22 17:16

Subject Name
Maintenance
Subject I.D.

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 220077
Location
101 W. Broadway
Ashland

Operator Name, I.D.
G. Edwards 220077
Location
101 W. Broadway
Ashland



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



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

Certificate of Analysis

Test Date: 21-Jan-2021

GABRIEL A EDWARDS

**PERMIT
TYPE II**

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

James G. May

Dana J. Rickman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-18-123

DATE 3/9/2022

NUMBER 220077

EXPIRES 3/9/2024

MSD-18-014, 18-123

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG102101 Model 108ccad

Exp. Date 21-Jan-2023
Cyl. Type 108

Component Ethanol
Nitrogen
Certified Concentration 0.080 ± 0.002 BrAC (218 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	EB0010582	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

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

The owner/possessor is authorized to operate an approved breath alcohol instrument for the determination of the alcoholic content in human form of expired air in Missouri.

Operator EDWARDS, GABRIEL
Permit No. 220077
Date Issued 3/9/2022 Date Expires 3/9/2024

Approved for Release: *Rod Maisala*
Rod Maisala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07