



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 07/12/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 W. Broadway Ashland	TIME OF INSPECTION 12:46 pm
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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 # AG102101 EXP. DATE 01/21/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 ● .078

TEST 2 ● .078

TEST 3 ● .077

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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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).

INSPECTING OFFICER

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

TEST RECORD 00217

Temp	Date	Time	s/	210L
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Air Blank:
07/12/22 12:46 .000
Calibration Check:
19 07/12/22 12:46 .078

Subject Name

Maintenance
Subject I.D.

Operator Name, I.D.

G. Edwards 220077
Location

101 W. Broadway

Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00218

Temp	Date	Time	s/	210L
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Air Blank:
07/12/22 12:47 .000
Calibration Check:
19 07/12/22 12:47 .078

Subject Name

Maintenance
Subject I.D.

Operator Name, I.D.

G. Edwards 220077
Location

101 W. Broadway

Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00219

Temp	Date	Time	s/	210L
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Air Blank:
07/12/22 12:49 .000
Calibration Check:
20 07/12/22 12:49 .077

Subject Name

Maintenance
Subject I.D.

Operator Name, I.D.

G. Edwards 220077
Location

101 W. Broadway

Ashland

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00220

Temp	Date	Time	s/	210L
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VOID: RFI
12 07/12/22 12:49

Subject Name

Maintenance
Subject I.D.

Operator Name, I.D.

G. Edwards 220077
Location

101 W. Broadway

Ashland

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



**PERMIT
TYPE II**

GABRIEL A EDWARDS

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 3/9/2022 _____
 NUMBER 220077 _____
 EXPIRES 3/9/2024 _____
 MO 565-0771 (6-10)

Laura G. Nay
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul J. Nicholas
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)



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

Certificate of Analysis

Test Date: 21-Jan-2021

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

Lot # AG102101 **Model** 108cacc

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	EB0010562	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

Rod Marsala
 Approved for Release: Rod Marsala

ISO 17025:2005 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
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: EDWARDS, GABRIEL
 Permit No. 220077
 Date Issued: 3/9/2022
 Date Expires: 3/9/2024