



**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 08/27/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 W. Broadway Ashland	TIME OF INSPECTION 12:42 am
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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 .077

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	0	(0-.04)	0	(.05-.09)	2	(.10-.14)	0	(.15-.19)	2	(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 00225

Temp	Date	Time	s/	210L
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Air Blank:  
08/27/22 00:42 .000  
Calibration Check:  
19 08/27/22 00:42 .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 00226

Temp	Date	Time	s/	210L
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Air Blank:  
08/27/22 00:44 .000  
Calibration Check:  
20 08/27/22 00:44 .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 00227

Temp	Date	Time	s/	210L
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Air Blank:  
08/27/22 00:45 .000  
Calibration Check:  
21 08/27/22 00:45 .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 00228

Temp	Date	Time	s/	210L
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VOID: RFI  
12 08/27/22 00:46

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. Noy*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul J. Richards*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)



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

**Approved for Release:** *Rod Marsala*  
 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