



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<br>111765  | PRINTER SN<br>09B.3589.431 | DATE OF INSPECTION<br>01/04/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4001 NE Lakewood Court Lee's Summit Missouri 64064 |                            | TIME OF INSPECTION<br>11:04 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>AG006306</u> EXP. DATE <u>03/03/2022</u> |  |
| <input type="checkbox"/> 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)

|   |
|---|
| <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 ← .100 | TEST 2 ← .099 | TEST 3 ← .099 |
|---------------|---------------|---------------|

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 | 4 | (0-.04) | 0 | (.05-.09) | 2 | (.10-.14) | 6 | (.15-.19) | 3 | (OVER .19) | 2 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 meets all DHSS standards and guidelines.

|  |                                     |
|--|-------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                     |
| SIGNATURE<br>  | PRINT NAME<br>DEPUTY DUSTIN B. LOVE |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>200052 01/10/2022 | TELEPHONE NUMBER<br>(816) 795-1960  |

**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 IU Serial no: 111765  
Version no: 532B

TEST RECORD 00354

Temp Date Time 210L  
g/  
Air Blank: 01/04/22 23:04 .000  
Calibration Check: 20 01/04/22 23:04 .100

Subject Name Monthly Maint.  
Subject I.D.

Operator Name, I.D. Dustin B. Love #161  
Location

SSO-GHQ

DHSS 200052

AS IU Serial no: 111765  
Version no: 532B

TEST RECORD 00355

Temp Date Time 210L  
g/  
Air Blank: 01/04/22 23:06 .000  
Calibration Check: 21 01/04/22 23:06 .099

Subject Name Monthly Maint.  
Subject I.D.

Operator Name, I.D. Dustin B. Love #161  
Location

SSO-GHQ

DHSS 200052

AS IU Serial no: 111765  
Version no: 532B

TEST RECORD 00356

Temp Date Time 210L  
g/  
Air Blank: 01/04/22 23:08 .000  
Calibration Check: 22 01/04/22 23:08 .099

Subject Name Monthly Maint.  
Subject I.D.

Operator Name, I.D. Dustin B. Love #161  
Location

SSO-GHQ

DHSS 200052

AS IU Serial no: 111765  
Version no: 532B

TEST RECORD 00357

Temp Date Time 210L  
g/  
UOID: RFI  
12 01/04/22 23:10

Subject Name Monthly Maint.  
Subject I.D.

Operator Name, I.D. Dustin B. Love #161  
Location

SSO-GHQ

DHSS 200052



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 Graig Road  
 St. Louis, Mo 63146

**Test Date:** 4-Mar-2020

**Lot # AG006306 Model 108cadd**

|                                       |                                |  |   |
|---------------------------------------|--------------------------------|--|---|
| <b><u>Exp. Date</u></b><br>3-Mar-2022 | <b><u>Cyl. Type</u></b><br>108 | <b><u>Component</u></b><br>Ethanol<br>Nitrogen | <b><u>Certified Concentration</u></b><br>0.100 ± 2% BrAC (272 ppm)<br>Balance |
|---------------------------------------|--------------------------------|--|---|

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

|   |  |   |  |
|---|--|---|--|
| <b><u>RGM Serial No.</u></b><br>EB0010581<br>EB0010570<br>EB0010285<br>EB0010561<br>EB0010681 | <b><u>Concentration</u></b><br>392.1 ppm<br>259.8 ppm<br>208.0 ppm<br>103.6 ppm<br>52.12 ppm | <b><u>RGM Serial No.</u></b><br>EB0010603<br>EB0010559<br>EB0010595<br>EB0010562<br>EB0010579 | <b><u>Concentration</u></b><br>393.0 ppm<br>258.2 ppm<br>208.3 ppm<br>104.2 ppm<br>52.81 ppm |
| <b><u>CRM Serial No.</u></b><br>CC434668<br>CC234503  | <b><u>Concentration</u></b><br>800.0 ppm<br>253.0 ppm  | <b><u>CRM Serial No.</u></b><br>0056649<br>0056662  | <b><u>Concentration</u></b><br>390.1 ppm<br>150.2 ppm  |

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2020.03.05 13:27:24 -06:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

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



**PERMIT**  
**TYPE II**  
**DUSTIN B. LOVE**

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**

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 1/10/2020

NUMBER 200052

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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** LOVE, DUSTIN  
**Permit No** 200052  
**Date Issued** 1/10/2020    **Date Expires** 1/10/2022

