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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 102467	NAME OF AGENCY Camden County SO	DATE OF INSPECTION 10/30/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Court Cir NW, Camdenton, MO 65020		TIME OF INSPECTION

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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>23390</u> EXP. DATE <u>10/17/25</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2758</u> SIM. NIST EXP DATE <u>01/29/2025</u>

- 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 ← 0.102	TEST 2 ← 0.101	TEST 3 ← 0.102
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- 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) 3	(.05-.09) 4	(.10-.14) 6	(.15-.19) 1	(OVER .19) 2
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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 Bryce Easley
TYPE II PERMIT NUMBER/EXPIRATION DATE 23094 05/23/2025	TELEPHONE NUMBER (573) 346-2243

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: 102467
Version no: 532B

TEST RECORD 00595

Temp Date Time ^{a/} 210L

Air Blank:
10/30/24 19:48 .000
Calibration Check:
25 10/30/24 19:48 .102

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Bryce Easley 23094
Location

1 Court Cir NW

Camden, mo 65020

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00596

Temp Date Time ^{a/} 210L

Air Blank:
10/30/24 19:52 .000
Calibration Check:
25 10/30/24 19:52 .101

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Bryce Easley 23094
Location

1 Court Cir NW

Camden, mo 65020

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00597

Temp Date Time ^{a/} 210L

Air Blank:
10/30/24 19:55 .000
Calibration Check:
25 10/30/24 19:55 .102

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Bryce Easley 23094
Location

1 Court Cir NW

Camden, mo 65020

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00598

Temp Date Time ^{a/} 210L

VOID: RFI
12 10/30/24 19:57

Subject Name

RFI
Subject I.D.

Operator Name, I.D.

Bryce Easley 23094
Location

1 Court Cir NW

Camden, mo 65020



Certificate of Analysis

1111 W. 17th Street
St. Louis, MO 63103
Fax: (314) 533-7328

Test Date: 9-Nov-2023

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

Lot # AG331301 **Model** 108

Exp Date 9-Nov-2025 **Cyl. Type** 108
Component
Ethanol
Nitrogen
Certified Concentration
0.100 ± 2% BrAC (260 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: Dry gas standard certification of analysis
Location: Aigas USA, LLC (Lab)
Date: 11.09.2023 19:57

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

Lot No: 23390 Exp. Date: 10/17/2025

This Alcohol Reference for Simulator was received on 10/19/2023 and tested on a Gas Chromatograph by Alexandra DeBeatham according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1225 % \leq 0.00103 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

Laboratory Reference: 231019015

QA Manager: 
Christopher Hess

Laboratory Director: 
Tara Daniels

Report Date: 11/13/2023



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

(2)

**PERMIT
TYPE II**

ROBERT SELBY

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 3/27/2023

NUMBER 230052

EXPIRES 3/27/2025

MO 690-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Michelle M. Brown

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)



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 from an expired air in Missouri.

Operator: **SELBY, ROBERT**
Permit No: **230052**
Date Issued: **3/27/2023** Date Expires: **3/27/2025**





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

2

PERMIT
TYPE II
BRYCE EASLEY

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 5/23/2023

Mike Morrison

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230094

EXPIRES 5/23/2025

Paula F. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (FB-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 EASLEY, BRYCE
Permit No 230094
Date Issued 5/23/2023 Date Expires 5/23/2025

