

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:10 am, Jun 04, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

AND SHARE								
Complete this report in du Send copy to Department	uplicate at the time of Health and Seni	of the regular monthly p or Services; retain origir	reventative maintena nal in department file	ance check, and	d wheneve	er instrument is repaired.		
ALCO SENSOR IV SN 107460		NAME OF AGENCY MARSHALL PD			DATE OF INSPECTION 05/02/2024			
LOCATION OF INSTRUMENT (S MARSHALL PD 461 W			TIME OF IN	NSPECTION 1				
CHECKLIST: Place a mar	k in the box by each	item if found to be satisf	actory or if operating	within establish	ed 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 INTOXIMETER LOT # AG319805 EXP. DATE 07/17/2025						025		
☐ SIMULATOR TEMPE	RATURE (34°C ± 0	.2°C) SII	M. SN	SIM. NIST EXP DATE		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 • .097		TEST 2 ■ .096		TEST 3 ▼ .097				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)								
REFUSALS	(004)	(.0509)	(.1014)	(.1519)		(OVER .19)		
List any new parts and destablished limits (use oth			vas made to restore	the instrument	to operat	e satisfactorily and within		
INSPECTING OFFICER								
· M. Blek Montgomery				M. BLAKE MONTGOMERY				
TYPE II PERMIT NUMBER/EXPIRATION DATE 220216 09/02/2024				TELEPHONE NUMBER (660) 886-7411				
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: 107460
Version no: 532B

TEST RECORD 01207

Temp Date Time 210L

Air Blank: 96/02/24 15:15 .000
Calibration Check: 24 06/02/24 15:15 .097

Subject Name

Test
Subject I.D.

Operator Name, I.D.

Unitaliman 220216
Locat Um

AS IV Serial no: 107460 Version no: 5328

TEST RECORD 01208

Temp Date Time 210L

Air Blank: 06/02/24 15:17 .000 Calibration Check: 25 06/02/24 15:17 .096

Subject Name

JAN

Test 2
Subject I.D.

Operator Name, I.D.

Montgonery 220216 MPD AS IV Serial no: 107460 Version no: 5328

TEST RECORD 01209

Temp Date Time 2101.

Air Blank:
 06/02/24 15:20 .000

Calibration Check:
 26 06/02/24 15:20 .097

Subject Name

Test 3
Subject I.D.

Wengowen 220216
Location (LP)

AS IV Serial no: 107460 Version no: 5328

TEST RECORD 01210

Temp Date Time 210L VOID: RFI 12 06/02/24 15:23

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Montgonery 220216

Location

MP'D



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

M. BLAKE MONTGOMERY

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 9/2/2022	Mike Massur			
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 220216	Davla I. nichelson			
EXPIRES 9/2/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)





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 Craig Road St. Louis, Mo 63146 Test Date: 18-Jul-2023

Lot # AG319805 **Model** 108

Exp Date 17-Jul-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

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

CRM Serial No.

Concentration

CRM Serial No. CC727493 Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.20.2023 14:53

Approved for Release:

Rod Marsala

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