

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

By Tracy Crews at 7:24 am, Jul 15, 2024

| 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 107992 | NAME OF AGENCY 099.3586.825 | | I . | DATE OF INSPECTION 07/09/2024 | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870 | | | | TIME OF INSPECTION 10:40 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. | | | | | |
| DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | | | | | |
| TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | | | | | |
| PRINTER WORKING PROPERLY | | | | | |
| TIME AND DATE DISPLAYING PROPERLY | | | | | |
| BREATH ALCOHOL ACCURACY STANDARD | S | | | | |
| SIMULATOR SOLUTION | | COMPRESSE | | | |
| STANDARD SUPPLIER Intoximeters, Inc. LOT # AG309502 EXP. DATE 04/05/2025 | | | | | |
| SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE | | | | | |
| 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 ~ 0.101 | ST 2 ▼ 0.101 | | теѕт з •0.1 | 100 | |
| ✓ 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 (004) 0 | (.0509) | (.1014) | (.1519) 0 | (OVER .19) 0 | |
| 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 | · · · · · · · · · · · · · · · · · · · | The company of the co | | | |
| SIGNATURE | | | PRINT NAME Christopher Shonk | | |
| TYPE II PERMIT NUMBER PEXPIRATION DATE 230130 / 06/26/2025 | | | TELEPHONE NUMBER | | |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office | | | | | |
| by mail, fax, or email. MO 580-1351 (5-19) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER LIVE-113 | | | | | |

AS IV Serial no: 107992 Version no: 532B TEST RECORD 01708 9/ Temp Date Time 210L Air Blank: 07/09/24 22:40 .000 Calibration Check: 20 07/09/24 22:40 .101 Subject Name TEST #/ Subject I.D. Operator Name, I.D. #230130 Sqt. C. Shork Location WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01710
9/
Temp Date Time 210L
Air Blank:
07/09/24 22:43 .000
Calibration Check:
21 07/09/24 22:43 .100

Subject Name
TEST #3
Subject I.D.

Operator Name; I.D.

Spt. C. Shorle #330130
Location
WCPD

TEST RECORD 01712

9/
Temp Date Time 210L

Air Blank:
07/09/24 22:46 .000

Subject Test: Auto
21 07/09/24 22:46 .000

Subject Name

Sober Sample

Subject I.D.

Operator Name, I.D.

21. C. Shork #230/30

Location

NUCPO

AS IV Serial no: 107992

Version no: 532B

Version no: 532B

TEST RECORD 01709
9/
Temp Date Time 210L
Air Blank:
07/09/24 22:42 .000
Calibration Check:
20 07/09/24 22:42 .101

Subject Name
Test ** 2
Subject I.D.

Operator Name, I.D.
Sgt. C. Shonk ** 230130
Location

WCPD

AS IV Serial no: 107992

TEST RECORD 01711
9/
Temp Date Time 210L
VOID: RFI
12 07/09/24 22:45
Subject Name
RFI CHeck
Subject I.D.

Operator Name, I.D.
Spl.C. Shork #230/30
Location
WCFO

AS IV Serial no: 107992

Version no: 532B



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: 5-Apr-2023

Lot # AG309502 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

5-Apr-2025 108

Ethanol

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498 Concentration 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 64 05 2023 17:52

Approved for Release:

Rod Marsala

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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II CHRISTOPHER SHONK

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, INTOXILYZER 8000

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 6/26/2023 | Mile Massur | | | |
|-------------------|--|--|--|--|
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY | | | |
| NUMBER 230130 | | | | |
| EXPIRES 6/26/2025 | Daula I. Nichelson | | | |
| | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES | | | |

MD 580-0771 (6-10)

LAB-4 (R6-10)



