

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

-octive							
Complete this report in duplicate at the time of Send copy to Department of Health and Senior				whenev	ver instrument is r	epaired.	
ALCO SENSOR IV SN 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFF			DATE OF INSPECTION 05/04/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA			1	TIME OF 1 5:50 ar	INSPECTION n		
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 STANDAR	DS						
☐ SIMULATOR SOLUTION	PR SOLUTION COMPRESS			D ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETER	TANDARD SUPPLIER INTOXIMETERS LOT # AG309502 EXP. DATE 04/05/2025						
☐ SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIN	1. SN	SIM. N	IST EXF	P 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 1100	TEST 2 .098		TEST 3 .097				
☑ 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) 2	(.1014) 4	(.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). INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS. BATTERY REPLACED.							
INSPECTING OFFICER							
SIGNATURE DOMESTO OF LANGE			PRINT NAME JOHNATHAN WELLS				
TYPE II PERMIT NUMBER/EXPIRATION DATE 240088, 04/05/2026			TELEPHONE NUMBER (573) 875-1111				
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.							

Temp Subject Name Calibration Check: 18 05/04/24 05:50 .100 Air Blank: 05/04/24 05:50 .000 Date TIME 210L 2

Subject I.D. MONTHUX MANTON

TEST ONE

Operator Name, I.D.

J. Warry 28 00 hr

BULL COWNY DE

Location

AS IV Serial no: 111744 Version no: 532B

Calibration Check: 19 05/04/24 05:52 .098 Air Blank: 05/04/24 05:52 .000 Temp Date Time 210L TEST RECORD 00845

Subject Name

Subject I.D. MONTHLY MAINTENANCE

Operator Name, I.D. J. Wars Sacont

TEST TWO

2111 6. COUNTY DY. Location

> Version no: 532B AS IV Serial no: 111744

Temp Date Time 210L TEST RECORD 00846

Air Blank:

Calibration Check: 21 05/04/24 05:54 .097 05/04/24 05:54 .000

Subject Name

Subject I.D. MONTHLY MAINTONANCE

TEST THREE

Operator Name, I.D.

Location Dward Lyoobs

SIL C. COUNTY Dr.

AS IV Serial no: 111744 Version no: 532B

UQID: RFI 12 05/04/24 05:56 Temp TEST RECORD 00847 Date Time 210L

Subject Name

Subject I.D. MONTHLY INFINITENANCE

Operator Name, I.D. 1751

Location MAIN 340088

All 6. Count on



Airgas USA LLC (LAB) 3500 Bernard Street St. Lauis, Mo. 63103

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 5-Apr-2025 Cyl. Type 108 **Component** Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrog

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:Arigas USA LLC (Lab) Date:04.05.2023 17:55

Approved for Release:

Rod Marsala

ISO 17025:2017 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

JOHNATHAN WELLS

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.

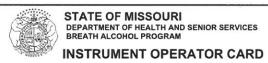
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DATE4/2/2024	/ (ike // lasson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240088	Datrio
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator WELLS, JOHNATHAN

Permit No 240088

Date Issued 4/2/2024 Date Expires 4/2/2026

