



### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ALCO SENSOR IV SN 108388		AGENCY UIS COUNTY PD		TE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET 5030 GRIFFIN RD	AND CITY)			10/14/2020 TIME OF INSPECTION 3:02 pm	
CHECKLIST: Place a mark in the where determined.) Unmarked it	box by each item if found	to be satisfactory or if operating	ng within established	limits. (Write in observed values	
DIGITAL READOUT (ALL E					
TEMPERATURE OF ALCO					
PRINTER WORKING PROF	<del></del>				
TIME AND DATE DISPLAYI	NG PROPERLY				
BREATH ALCOHOL ACCURAC	the state of the s				
SIMULATOR SOLUTION		☑ COMPRESSI	ED ETHANOL-GAS I	MIXTURE	
STANDARD SUPPLIER INT	OXIMETERS	LOT # AG015503	EXP. DATE 06/		
SIMULATOR TEMPERATUR	E (34°C ± 0,2°C)	SIM. SN	SIM NIST	EVP DATE	
CALIBRATION CHECK — (ON Run three tests using a stand less. Check the box correspond 0.100% STANDARD - M 0.080% STANDARD - M	ILY ONE STANDARD IS lard solution. All three tes nding to the standard solu UST READ BETWEEN OUST READ BETWEEN O	TO BE USED PER MAINTEN sts must be within ±5% of the suition being used. (PRINTOUT) 0.095% and 0.105% INCLUSIV	ANCE REPORT) standard value and r ATTACHED) E	must have a spread of .005 or	
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AS IV Serial no: 188388
Version no: 532B

TEST RECORD 80684

Solution Date Time 210L

Air Blank: 18/14/20 15:82 .000
Calibration Check: 24 18/14/20 15:82 .096

Subject Name

Test

Subject I.D.

W/A

Operator Name, I.D.

Muloney 4437
Location

S030 Goffin

63128

AS IU Serial no: 188388
Jersion no: 5828
TEST RECORD 80507
Temp Date Time 2101
Air Blank:
18/14/20 15:27 .000
Calibration Check:
25 18/14/20 15:37 .006
Subject I.D.

V/A
Recristor Name: I.D.

Maloney 4427
Location
5030 Gnffin

AS IV Serial no: 198398 Varsion no: 5328 TEST PECSED 99695 Time 210L Temp Date Air Blank: 10/14/20 15:04 .000 Calibration Checkt 24 10/14/20 15:04 .096 Subject Name Test 2 Scholect I.D. Operator Name: I.D. maloney Location 5030 Griffin

> AS IV Serial no: 108388 Version no: 5328 TEST RECORD 00860

> Temp Date Time 200. WOID: RFI 12 10/14/20 15:05

Subject Mame

RFI Test

NA

Geerator Name- 1.D.

Maloney 4427

5030 Griffin

63128



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: 8-Jun-2020

Lot # AG015503 Model 108cacd

Exp. Date 3-Jun-2022

Cyl. Type 108

Component

**Certified Concentration** 

**Ethanol** 

Nitrogen

0.100 ± 2% BrAC (272 ppm)

Balance

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

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

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2020.06.10 14:11:39 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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 ALGOHOL PROGRAM



# MICHAEL P MALONEY

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.

DATE3/8/2019	wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290063	
EXPIRES 3/8/2021	A ville
AO 680-077† (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)