



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:42 am, Apr 08, 2014

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 26999 | PRINTER SN 13.1891.096 | DATE OF INSPECTION 04/07/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH | | TIME OF INSPECTION 1359 |

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 (1 O-C - 40-C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER AIR GAS LOT # AG300201 EXP. DATE 01/02/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP 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 - .100 | TEST 2 - .099 | TEST 3 - .099 |
|------------------|------------------|------------------|

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) | 0 | (.05-.09) | 0 | (.10-.14) | 1 | (.15-.19) | 1 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 SCOTT GARY |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220179 08/03/2014 | TELEPHONE NUMBER 816-271-5359 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

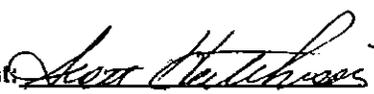
| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 1/2/2015 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 ppm) Balance |

Lot # AG300201

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581 | 391.5 ppm | EB0010603 | 390.9 ppm |
| EB0010570 | 258.4 ppm | EB0010559 | 258.3 ppm |
| EB0010285 | 208.9 ppm | EB0010595 | 209.2 ppm |
| EB0010561 | 101.9 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 53.0 ppm | EB0010579 | 52.4 ppm |

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 026999
Version no: 7409

TEST RECORD 01500

Temp Date Time 2101 9/
Void: PSI
12 04/07/14 13:59

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 026999
Version no: 7409

TEST RECORD 01501

Temp Date Time 2101 9/
Air Blank:
04/07/14 14:01 .000
Calibration Check:
22 04/07/14 14:01 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 026999
Version no: 7409

TEST RECORD 01502

Temp Date Time 2101 9/
Air Blank:
04/07/14 14:04 .000
Calibration Check:
23 04/07/14 14:04 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 026999
Version no: 7409

TEST RECORD 01503

Temp Date Time 2101 9/
Air Blank:
04/07/14 14:08 .000
Calibration Check:
23 04/07/14 14:08 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



SCOTT GARY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/03/2012

Number 220179

Expires 08/03/2014

Director of State Public Health Laboratory

Director, Department of Health