MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 3:42 pm, May 12, 2014
REPORT#7

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	PRINTER SN	DATE OF INSPECTION
030451	95.1111.053	05-08-2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
501 FARAON ST SAINT JOSEPH, MISSOURI 64501		1641

CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER INTOXIMETERS LOT # AG300201 EXP.DATE 01-02-15
- [ ] SIMULATOR TEMPERATURE (34'C ± 0.2'C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

[x] 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)

- [x] 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 w-	TEST 2 w-	TEST 3 w-
.101	.100	.100

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER.19)
0	0	0	4	2	2

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
	BRAD KERNS & WAYNE BYROM
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220427 12-27-2014 & 220103 005-09-14	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:

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

Lot # AG300201

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

Serial No.	Concentration	Serial No.	Concentration
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: [signature]

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03554

Temp	Date	Time	g/210L
Air Blank:			
	05/08/14	16:41	.000
Calibration Check:			
26	05/08/14	16:41	.101

~~Kerns Brad~~

Subject Name

Subject I.D.

Kerns Brad

Operator Name, I.D.

501 Faraon

Location

Permit # 220427

Exp: 12-27-2014

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03555

Temp	Date	Time	g/210L
Air Blank:			
	05/08/14	16:46	.000
Calibration Check:			
26	05/08/14	16:46	.100

Subject Name

Subject I.D.

Kerns Brad

Operator Name, I.D.

501 Faraon

Location

Permit # 220427

Exp: 12-27-2014

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03556

Temp	Date	Time	g/210L
Air Blank:			
	05/08/14	16:49	.000
Calibration Check:			
26	05/08/14	16:49	.100

Subject Name

Subject I.D.

Kerns Brad

Operator Name, I.D.

501 Faraon

Location

Permit # 220427

Exp. 12-27-2014

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03557

Temp	Date	Time	g/210L
Void: RFI			
12	05/08/14	16:54	

Subject Name

Subject I.D.

Kerns Brad

Operator Name, I.D.

501 Faraon

Location

Permit # 220427

Exp. 12-27-2014

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

WAYNE BYROM

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 05/09/2012

Number 220103

Expires 05/09/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

BRAD M KERNS

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 12/27/2012

Number 220427

Expires 12/27/2014

Director of State Public Health Laboratory

Gail Vasterling ACTING DIRECTOR

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)