



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

**RECEIVED**  
 By Carol Day at 2:01 pm, Jul 14, 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 030451	PRINTER SN 95.1111.053	DATE OF INSPECTION 07-04-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST SAINT JOSEPH, MISSOURI 64501		TIME OF INSPECTION 1430

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 INTOXIMETERS 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 - .105	TEST 2 - .104	TEST 3 - .104
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- 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)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	(OVER .19)	3
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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
TYPE II PERMIT NUMBER/EXPIRATION DATE 220427 12-27-2014	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 IU Serial no: 030451  
Version no: 7410

TEST RECORD 03587

Temp Date Time 210L %/  
Air Blank:  
07/04/14 14:30 .000  
Calibration Check:  
21 07/04/14 14:30 .105

Subject Name

Subject I.D.

Operator Name: I.D.  
Kerous B.M

SOI SARAVU

Location

PAWET # 220427

AS IU Serial no: 030451  
Version no: 7410

TEST RECORD 03588

Temp Date Time 210L %/  
Air Blank:  
07/04/14 14:34 .000  
Calibration Check:  
22 07/04/14 14:34 .104

Subject Name

Subject I.D.

Operator Name: I.D.  
Kerous B.M

SOI SARAVU

Location

PAWET # 220427

AS IU Serial no: 030451  
Version no: 7410

TEST RECORD 03590

Temp Date Time 210L %/  
Air Blank:  
07/04/14 14:39 .000  
Calibration Check:  
22 07/04/14 14:39 .104

Subject Name

Subject I.D.

Operator Name: I.D.  
Kerous B.M

SOI SARAVU

Location

PAWET # 220427

AS IU Serial no: 030451  
Version no: 7410

TEST RECORD 03589

Temp Date Time 210L %/  
Void: REF  
12 07/04/14 14:37

Subject Name

Subject I.D.

Operator Name: I.D.  
Kerous B.M

SOI SARAVU

Location

PAWET # 220427

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
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

ACTING DIRECTOR

Director, Department of Health