



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 12:56 pm, Apr 02, 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 087965	PRINTER SN 03A.2436.039	DATE OF INSPECTION 04/01/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville MO 64701	TIME OF INSPECTION 8:35 am
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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 STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG402002</u> EXP. DATE <u>01/20/2016</u>	
<input type="checkbox"/> 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 ➡ .098	TEST 2 ➡ .095	TEST 3 ➡ .098
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

New instrument from the Missouri Safety Center. Placed into service 04-01-2014

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Deputy Gary Crow
TYPE II PERMIT NUMBER/EXPIRATION DATE 240001 01-03-2016	TELEPHONE NUMBER (816) 380-5200

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

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00009

Temp Date Time ^{a/} 210L

Air Blank:
04/01/14 08:45 .000
Calibration Check:
27 04/01/14 08:45 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Dep. Crew 240001
Location

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00010

Temp Date Time ^{a/} 210L

Air Blank:
04/01/14 08:49 .000
Calibration Check:
27 04/01/14 08:49 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Dep. Crew 240001
Location

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00008

Temp Date Time ^{a/} 210L

Air Blank:
04/01/14 08:40 .000
Calibration Check:
26 04/01/14 08:40 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Dep. Crew 240001
Location

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00007

Temp Date Time ^{a/} 210L

Air Blank:
04/01/14 08:35 .000
Calibration:
26 04/01/14 08:35 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Dep. Crew 240001
Location

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00011

Temp Date Time ^{a/} 210L

VOID: RFI
12 04/01/14 09:24

Subject Name

Subject I.D.

Dep. Crew 240001



Airgas USA LLC (LAB)

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: 21-Jan-2014

Lot # AG402002

Exp. Date

20-Jan-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

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	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.01.21 13:44:31 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: _____

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
GARY M CROW

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, INTOXILYZER 5000

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.

DATE 1/3/2014

NUMBER 240001

EXPIRES 1/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

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 in Missouri.



Operator CROW, GARY
Permit No 240001
Date Issued 1/3/2014 **Date Expires** 1/3/2016