



RECEIVED
By Carol Day at 3:43 pm, Sep 30, 2014

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 532B 087965-cd	PRINTER SN 03A.2436.039	DATE OF INSPECTION 09/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 West Mechanic, Harrisonville		TIME OF INSPECTION 7:11 pm

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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG402002 EXP. DATE 01/20/2016
- 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 .097	TEST 2 .097	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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 Sgt. Jess Claibourn
TYPE II PERMIT NUMBER/EXPIRATION DATE 230127 / 06-28-15	TELEPHONE NUMBER (816) 380-8333

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

AS IV Serial no: 087965
Version no: 532B

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00032

TEST RECORD 00031

TEST RECORD 00030

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
09/26/14 19:22 .000
Calibration Check:
27 09/26/14 19:22 .098

Air Blank:
09/26/14 19:19 .000
Calibration Check:
27 09/26/14 19:19 .097

Air Blank:
09/26/14 19:18 .000
Calibration Check:
26 09/26/14 19:18 .097

Subject Name

Subject Name

Subject Name

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

Sgt. Clavin 657

Sgt. Clavin 657

Sgt. Clavin 657

Location

Location

Location

AS IV Serial no: 087965
Version no: 532B

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00033

TEST RECORD - REPRINT

Temp Date Time ^{s/} 210L

TEST RECORD 00029

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/26/14 19:24

Air Blank:
09/26/14 19:10 .000
Calibration:
24 09/26/14 19:10 .097

Subject Name

Subject Name

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Sgt. Clavin 657

Sgt. Clavin 657

Location

Location



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
JESS CLAIBOURN

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 6/28/2013

NUMBER 230127

EXPIRES 6/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 CLAIRBURN, JESS
Permit No 230127
Date Issued 6/28/2013 Date Expires 6/28/2015