



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

**RECEIVED** REPORT #7  
 By Carol Day at 1:29 pm, Oct 01, 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 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 10/01/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 107 W Main St, Smithville	TIME OF INSPECTION 3:20 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 checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeter</u>	LOT # <u>AG418901</u> EXP. DATE <u>07/08/2016</u>

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 $\Rightarrow$ .099	TEST 2 $\Rightarrow$ .100	TEST 3 $\Rightarrow$ .100
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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	2	(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 <i>Dr. Kat Ford</i>	PRINT NAME Kathryn E Ford
TYPE II PERMIT NUMBER/EXPIRATION DATE 240200 04-30-2016	TELEPHONE NUMBER (816) 532-0500

**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

1

AS IV Serial no: 087969  
Version no: 004C

TEST RECORD 01071

Temp Date Time 210L

Air Blank:  
10/01/14 03:20 .000  
Calibration Check:  
23 10/01/14 03:20 .099

Subject Name  
K. Ford

Subject I.D. Exp.  
#240200 4/30/16

Operator Name, I.D.  
Monthly Maint.

Location  
Smythville PD

2

AS IV Serial no: 087969  
Version no: 004C

TEST RECORD 01073

Temp Date Time 210L

Air Blank:  
10/01/14 03:24 .000  
Calibration Check:  
24 10/01/14 03:24 .100

Subject Name  
K. Ford

Subject I.D. Exp.  
#240200 4/30/16

Operator Name, I.D.  
Monthly Maint.

Location  
Smythville PD

3

AS IV Serial no: 087969  
Version no: 004C

TEST RECORD 01074

Temp Date Time 210L

Air Blank:  
10/01/14 03:26 .000  
Calibration Check:  
24 10/01/14 03:26 .100

Subject Name  
K. Ford

Subject I.D. Exp.  
#240200 4/30/16

Operator Name, I.D.  
Monthly Maint.

Location  
Smythville PD

RFI

AS IV Serial no: 087969  
Version no: 004C

TEST RECORD 01075

Temp Date Time 210L

Void: RFI  
12 10/01/14 03:27

Subject Name  
K. Ford

Subject I.D. Exp.  
#240200 4/30/16

Operator Name, I.D.  
Monthly Maint.  
Location  
Smythville PD



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: 8-Jul-2014

Lot # AG418901

<u>Exp. Date</u> 8-Jul-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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: 2014.07.08 16:11:39 -05:00  
 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

2

**PERMIT**  
**TYPE II**  
**KATHRYN E FORD**

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, INTOX EC/IR II**

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 4/30/2014

NUMBER 240200

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 FORD, KATHRYN  
 Permit No 240200  
 Date Issued 4/30/2014 Date Expires 4/30/2016