



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 3:24 pm, Nov 03, 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 11/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 107 W MAIN ST, SMITHVILLE, MO	TIME OF INSPECTION 0:10 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 .100	TEST 2 .099	TEST 3 .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	1	(0-.04)	0	(.05-.09)	1	(.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).

Reset time for daylight savings

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Kathryn E Ford
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240200 04/30/2016	TELEPHONE NUMBER (816) 532-0500
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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: 007969
Version no: 004C

TEST RECORD 01078

Temp Date Time 210L

Air Blank:
11/03/14 00:10 .000
Calibration Check:
23 11/03/14 00:10 .100

Subject Name

Monthly MAINT
Subject I.D. Exp
#240200 4-30-16

Operator Name, I.D.
K. Ford

Location
Smithville PD

2

AS IV Serial no: 007969
Version no: 004C

TEST RECORD 01079

Temp Date Time 210L

Air Blank:
11/03/14 00:11 .000
Calibration Check:
24 11/03/14 00:11 .000

Subject Name

Monthly MAINT
Subject I.D. Exp
#240200 4-30-16

Operator Name, I.D.
K. Ford

Location
Smithville PD

3

AS IV Serial no: 007969
Version no: 004C

TEST RECORD 01080

Temp Date Time 210L

Air Blank:
11/03/14 00:13 .000
Calibration Check:
25 11/03/14 00:13 .100

Subject Name

Monthly MAINT
Subject I.D. Exp
#240200 4-30-16

Operator Name, I.D.
K. Ford

Location
Smithville PD

RFI

AS IV Serial no: 007969
Version no: 004C

TEST RECORD 01082

Temp Date Time 210L

Void: RFI
12 11/03/14 00:16

Subject Name

Monthly MAINT
Subject I.D. Exp
#240200 4-30-16

Operator Name, I.D.
K. Ford

Location
Smithville 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