



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

received 8/14-14-cd

REVIEWED REPORT #7
 By Carol Day at 9:44 am, Aug 28, 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 087974	PRINTER SN 08C256372	DATE OF INSPECTION 08/04/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67	TIME OF INSPECTION 6:35 pm
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER AIRGAS LOT # AG3322301 EXP. DATE 11/19/2015

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 → .096

TEST 2 → .096

TEST 3 → .096

RFI DETECTOR OPERATING

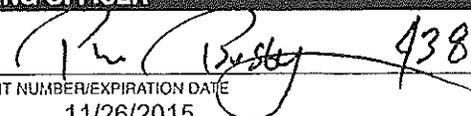
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	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).

INSTRUMENT WORKING WITH IN D.O.H GUIDELINES

INSPECTING OFFICER

SIGNATURE 	PRINT NAME PHILIP G. BUSBY #438
TYPE II PERMIT NUMBER/EXPIRATION DATE 230259 11/26/2015	TELEPHONE NUMBER (314) 831-7000

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 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: 20-Nov-2013

Lot # AG332301

<u>Exp. Date</u> 19-Nov-2015	<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: 2013.11.20 15:33:36 -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

AS IV Serial no: 087974
Version no: 004C

TEST RECORD 00457 ^{s/}
Temp Date Time 210L

Air Blank:
08/04/14 18:35 .000
Calibration Check:
24 08/04/14 18:35 .096

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
Phil Busby 438
Location
1700 US Hwy 67

AS IV Serial no: 087974
Version no: 004C

TEST RECORD 00458 ^{s/}
Temp Date Time 210L

Air Blank:
08/04/14 18:37 .000
Calibration Check:
25 08/04/14 18:37 .096

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
Phil Busby 438
Location
1700 US Hwy 67

AS IV Serial no: 087974
Version no: 004C

TEST RECORD 00459 ^{s/}
Temp Date Time 210L

Air Blank:
08/04/14 18:39 .000
Calibration Check:
25 08/04/14 18:39 .096

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
Phil Busby 438
Location
1700 US Hwy 67

AS IV Serial no: 087974
Version no: 004C

TEST RECORD 00460 ^{s/}
Temp Date Time 210L

Void: RFI
12 08/04/14 18:40

Subject Name
MAINTENANCE
Subject I.D.

Operator Name, I.D.
Phil Busby 438
Location
1700 US Hwy 67



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

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PERMIT
TYPE II
PHILIP G BUSBY

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 11/26/2013

NUMBER 230259

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (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 BUSBY, PHILIP
Permit No 230259
Date Issued 11/26/2013 Date Expires 11/26/2015