



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:32 am, Aug 27, 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 102471	PRINTER SN 8A.3539.008	DATE OF INSPECTION 08/14/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 10:07 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 Intoximeters LOT # AG412701 EXP. DATE 05/07/2016

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 • .078

TEST 2 • .078

TEST 3 • .079

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)	2	(.10-.14)	2	(.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
Gabe Edwards

TYPE II PERMIT NUMBER/EXPIRATION DATE
230286 - 11/26/2015

TELEPHONE NUMBER
(573) 875-1111

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: 102471
Version no: 532B

TEST RECORD 00027

Temp Date Time 210L

Air Blank: 08/14/14 22:07 .000
Calibration Check: 23 08/14/14 22:07 .078

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Edwards 230286

Location

2111 County Drive

Columbia

AS IV Serial no: 102471
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L

Air Blank: 08/14/14 22:09 .000
Calibration Check: 23 08/14/14 22:09 .078

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Edwards 230286

Location

2111 County Drive

Columbia

AS IV Serial no: 102471
Version no: 532B

TEST RECORD 00029

Temp Date Time 210L

Air Blank: 08/14/14 22:10 .000
Calibration Check: 24 08/14/14 22:10 .079

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Edwards 230286

Location

2111 County Drive

Columbia

AS IV Serial no: 102471
Version no: 532B

TEST RECORD 00030

Temp Date Time 210L

VOID: RFI
12 08/14/14 22:11

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Edwards 230286

Location

2111 County Drive

Columbia



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

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PERMIT
TYPE II
GABE EDWARDS

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, DATAMASTER

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 230286

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-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 EDWARDS, GABE
 Permit No 230286
 Date Issued 11/26/2013 Date Expires 11/26/2015



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-May-2014

Lot # AG412701

Exp. Date

7-May-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

391.8 ppm

259.8 ppm

209.0 ppm

103.7 ppm

52.22 ppm

Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

392.5 ppm

258.9 ppm

208.9 ppm

104.9 ppm

52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.05.08 12:12:39 -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