



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

RECEIVED
 By Carol Day at 1:05 pm, Oct 16, 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 10/15/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2121 County Drive Columbia | | TIME OF INSPECTION 9:19 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> | LOT # <u>AG412701</u> EXP. DATE <u>05/07/2016</u> |
| <input type="checkbox"/> 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 .079 | 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) | (.05-.09) | 0 | (.10-.14) | 2 | (.15-.19) | 2 | (OVER .19) | 0 |
|----------|---|---------|-----------|---|-----------|---|-----------|---|------------|---|

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: 162471
Version no: 532B

TEST RECORD 00003

Temp Date Time ^{°F} 210L

Air Blank:
10/15/14 21:19 .000
Calibration Check:
22 10/15/14 21:19 .078

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2121 County DR

Columbia

AS IV Serial no: 162471
Version no: 532B

TEST RECORD 00005

Temp Date Time ^{°F} 210L

Air Blank:
10/15/14 21:21 .000
Calibration Check:
23 10/15/14 21:21 .079

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2121 County DR

Columbia

AS IV Serial no: 162471
Version no: 532B

TEST RECORD 00004

Temp Date Time ^{°F} 210L

Air Blank:
10/15/14 21:20 .000
Calibration Check:
22 10/15/14 21:20 .079

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2121 County DR

Columbia

AS IV Serial no: 162471
Version no: 532B

TEST RECORD 00006

Temp Date Time ^{°F} 210L

VOID: RFI
12 10/15/14 21:22

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2121 County DR.

Columbia



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

2

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

| | | | |
|-------------------------|-------------------------|-------------------------|---|
| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
| 7-May-2016 | 108 | Ethanol Nitrogen | 0.080 ± 0.002 BrAC (218 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: 2014.05.08 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