MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 3:49 pm, Jun 11, 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	PRINTER SN	DATE OF INSPECTION
102525	096.3580.563	06/07/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
2111 County Drive Columbia	10:53 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

☐ SIMULATOR SOLUTION ☑ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER Intoximeters LOT # AG332202 EXP. DATE 11/18/2015

☐ 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 ☛ .079	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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)

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).

Replaced internal battery for attached printer prior to calibration and accuracy checks.

Instrument calibrated for .080 compressed ethanol gas standard prior to accuracy checks performed before placing new instrument into service.

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	Gabe Edwards
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230286 - 11/26/2015	(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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 102525
Version no: 532B

TEST RECORD 00020

Temp	Date	Time	g/210L
Air Blank:			
	06/07/14	22:53	.000
Calibration Check:			
25	06/07/14	22:53	.079

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 230286
Location
2111 County DR

Columbia

AS IV Serial no: 102525
Version no: 532B

TEST RECORD 00021

Temp	Date	Time	g/210L
Air Blank:			
	06/07/14	22:55	.000
Calibration Check:			
26	06/07/14	22:55	.079

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 230286
Location
2111 County DR.

Columbia

AS IV Serial no: 102525
Version no: 532B

TEST RECORD 00022

Temp	Date	Time	g/210L
Air Blank:			
	06/07/14	22:56	.000
Calibration Check:			
26	06/07/14	22:56	.079

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 230286
Location
2111 County DR.

Columbia

AS IV Serial no: 102525
Version no: 532B

TEST RECORD 00023

Temp	Date	Time	g/210L
VOID: RFI			
12	06/07/14	22:57	

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
G. Edwards 230286
Location
2111 County DR

Columbia

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 # AG332202

Exp. Date	Cyl. Type	Component	Certified Concentration
18-Nov-2015	108	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
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 14:58:45 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

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

Gail Vasterling ,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