



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

**RECEIVED**

By Carol Day at 11:01 am, Dec 08, 2014

REPORT #7

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 <b>104293</b>	PRINTER SN <b>09B.3590.034</b>	DATE OF INSPECTION <b>12-2-2014</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>7010 N Holmes, Gladstone</b>	TIME OF INSPECTION <b>1650</b>
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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 # AG421804 EXP. DATE 8-6-2016

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 → <b>.084</b>	TEST 2 → <b>.083</b>	TEST 3 → <b>.083</b>
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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 <b>2</b>	(0-.04) <b>3</b>	(.05-.09) <b>3</b>	(.10-.14) <b>2</b>	(.15-.19) <b>1</b>	(OVER .19) <b>1</b>
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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 <b>Josh Bailey</b>
TYPE # PERMIT NUMBER EXPIRATION DATE <b>240385 11/13/2016</b>	TELEPHONE NUMBER <b>816-436-3550</b>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2876 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: 6-Aug-2014

Lot # AG421804

<u>Exp. Date</u> 6-Aug-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 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: 2014.08.06 17:38:54 -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

AS IV Serial no: 104293  
Version no: 532B

TEST RECORD 00140

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/02/14 16:56 .000  
Calibration Check:  
20 12/02/14 16:56 .084

Subject Name

Subject I.D.

Operator Name, I.D.

*Bailey 16832*  
Location

AS IV Serial no: 104293  
Version no: 532B

TEST RECORD 00141

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/02/14 16:59 .000  
Calibration Check:  
21 12/02/14 16:59 .083

Subject Name

Subject I.D.

Operator Name, I.D.

*Bailey 16832*  
Location

AS IV Serial no: 104293  
Version no: 532B

TEST RECORD 00142

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
12/02/14 17:01 .000  
Calibration Check:  
21 12/02/14 17:01 .083

Subject Name

Subject I.D.

Operator Name, I.D.

*Bailey 16832*  
Location

AS IV Serial no: 104293  
Version no: 532B

TEST RECORD 00143

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 12/02/14 17:03

Subject Name

Subject I.D.

Operator Name, I.D.

*Bailey 16832*  
Location



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

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**PERMIT  
 TYPE II**

**JOSHUA N BAILEY**

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**

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 11/13/2014

NUMBER 240385

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 583-0771 (5-10)

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 BAILEY, JOSHUA  
 Permit No 240385  
 Date Issued 11/13/2014 Date Expires 11/13/2016