



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 11:09 am, Dec 01, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 105443	PRINTER SN 099.3586.172	DATE OF INSPECTION 11/27/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore		TIME OF INSPECTION 4:15 am

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) 22° 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>Airgas</u>	LOT # <u>AG428002</u> EXP. DATE <u>10/07/2016</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 .100	TEST 2 .099	TEST 3 .099
--------------	--------------	--------------

- 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)	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 is operating within Department of Health guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Joshua Giacone
TYPE II PERMIT NUMBER/EXPIRATION DATE 240201 04/30/2016	TELEPHONE NUMBER (816) 331-0530

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: 8-Oct-2014

Lot # AG428002

Exp. Date

7-Oct-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 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: 2014.10.08 12:15:00 -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: 105443
Version no: 532B

TEST RECORD 00361

Temp Date Time 210L
a/

Air Blank:
11/27/14 04:18 .000
Calibration Check:
23 11/27/14 04:18 .100

Subject Name

Maintenance

Subject I.D.

J. Giaccone #91A

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00362

Temp Date Time 210L
a/

Air Blank:
11/27/14 04:20 .000
Calibration Check:
24 11/27/14 04:20 .099

Subject Name

Maintenance

Subject I.D.

J. Giaccone

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00363

Temp Date Time 210L
a/

Air Blank:
11/27/14 04:23 .000
Calibration Check:
24 11/27/14 04:23 .099

Subject Name

Maintenance

Subject I.D.

J. Giaccone #1A

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00364

Temp Date Time 210L
a/

VOID: RFI
12 11/27/14 04:24

Subject Name

Maintenance

Subject I.D.

J. Giaccone #9A

Operator Name, I.D.

Raymore P.D.

Location



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



**PERMIT
TYPE II**

JOSHUA B GIACONE

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 4/30/2014

NUMBER 240201

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-9771 (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 GIACONE, JOSHUA
Permit No 240201
Date Issued 4/30/2014 Date Expires 4/30/2016