MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:37 am, Sep 17, 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
107981	099.3586.798	09/12/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
C.C.S.O 1 Court Circle Suite 13, Camdenton,Mo,65020	4:28 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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

- [x] STANDARD SUPPLIER Intoximeters LOT # AG233201 EXP. DATE 11/27/2014

- [ ] 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)
  - [x] 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 ☞ .104	TEST 2 ☞ .104	TEST 3 ☞ .103

- [x] 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)	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).
N/A

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	Jason A. Sylvester
TYPE II PERMIT NUMBER-EXPIRATION DATE	**TELEPHONE NUMBER**
230346 / 12/31/2015	(573) 346-2243

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 Mid America (LABORATORY)
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: 27-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

Exp. Date	Cyl. Type	Component	Certified Concentration
11/27/2014	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Lot # AG233201

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010670	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: [signature]

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00021

Temp	Date	Time	g/ 210L

Air Blank:
09/12/14 04:28 .000
Calibration Check:
20 09/12/14 04:28 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00022

Temp	Date	Time	g/ 210L

Air Blank:
09/12/14 04:29 .000
Calibration Check:
21 09/12/14 04:29 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00023

Temp	Date	Time	g/ 210L

Air Blank:
09/12/14 04:31 .000
Calibration Check:
22 09/12/14 04:31 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00024

Temp	Date	Time	g/ 210L

UDID: REF
12 09/12/14 04:32

Subject Name

Subject I.D.

Operator Name, I.D.

Location

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

JASON A SYLVESTER

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 12/31/2013

NUMBER 230346

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-9771 (6-10)

LAB 4 (06-10)

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 alcohol content in breath form of expired air in Missouri

Operator SYLVESTER, JASON

Permit No 230346

Date Issued 12/31/2013 Date Expires 12/31/2015