RECEIVED
By Carol Day at 1:57 pm, Nov 17, 2014

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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	PRINTER SN	DATE OF INSPECTION
107996	099.3566.80C	11/07/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
7010 N HOLMES GLADSTONE	0940

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 # AG421804 EXP. DATE 06 AUG 2016

[ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

[x] 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
- [x] 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	TEST 2	TEST 3
.080	.080	.080

[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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	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). UNIT READ HIGH RECALIBRATION COMPLETED.

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Terrill Allen	TERRILL ALLEN
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240341 09/22/2016	(816) 436 3550

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

MO 580-1361 (6-10) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-114

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

Exp. Date	Cyl. Type	Component	Certified Concentration
6-Aug-2016	108	Ethanol	0.080 ± 0.002 BrAC (218 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: 2014.08.06 17:38:54 -05:00
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

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00082

Temp	Date	Time	210L
Air Blank:			
	11/07/14	09:56	.000
Calibration Check:			
23	11/07/14	09:56	.080

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00083

Temp	Date	Time	210L
Air Blank:			
	11/07/14	09:58	.000
Calibration Check:			
24	11/07/14	09:58	.080

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00084

Temp	Date	Time	210L
Air Blank:			
	11/07/14	10:00	.000
Calibration Check:			
24	11/07/14	10:00	.080

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00085

Temp	Date	Time	210L
VOID: RFI			
12	11/07/14	10:02	

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

TERRILL D ALLEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/13/2012

Number 220258

Expires 09/13/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-85)

Lab. 4 (R7-88)