



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

RECEIVED 3/4/14-CD
 REPORT #7

REVIEWED
 By Carol Day at 3:12 pm, Mar 19, 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 108390	PRINTER SN 099.3586.811	DATE OF INSPECTION 02/27/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 West Mechanic, Harrisonville, MO		TIME OF INSPECTION 2:50 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 # 22-0770-00 EXP. DATE 01/20/2016

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 .097

TEST 2 .098

TEST 3 .098

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
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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
 Sergeant Jess Claibourn 657

TYPE II PERMIT NUMBER/EXPIRATION DATE
 230127 / 06-28-15

TELEPHONE NUMBER
 (816) 380-8333

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: 21-Jan-2014

Lot # AG402002

Exp. Date

20-Jan-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: 2014.01.21 13:44:31 -06:00
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: 108390
Version no: 532B

TEST RECORD 00008

Temp	Date	Time	s/
			210L

Air Blank:
02/27/14 15:05 .000
Calibration Check:
24 02/27/14 15:05 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Claibourn 657

Location

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00011

Temp	Date	Time	s/
			210L

VOID: RFI
12 02/27/14 15:10

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Claibourn 657

Location

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00010

Temp	Date	Time	s/
			210L

Air Blank:
02/27/14 15:08 .000
Calibration Check:
25 02/27/14 15:08 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Claibourn 657

Location

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00007

Temp	Date	Time	s/
			210L

Air Blank:
02/27/14 15:00 .000
Calibration:
23 02/27/14 15:00 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Claibourn 657

Location

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00009

Temp	Date	Time	s/
			210L

Air Blank:
02/27/14 15:07 .000
Calibration Check:
25 02/27/14 15:07 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Claibourn 657

Location



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



PERMIT
TYPE II
JESS CLAIBOURN

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, INTOXILYZER 5000

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 6/28/2013

NUMBER 230127

EXPIRES 6/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 CLAIRBURN, JESS
Permit No 230127
Date Issued 6/28/2013 Date Expires 6/28/2015