



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED 10/14/14 REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, a **REVIEWED** instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.   
By Carol Day at 8:40 am, Oct 28, 2014

ALCO SENSOR IV SN 108390	PRINTER SN 099.3586.811	DATE OF INSPECTION 10/02/2014
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville MO 64701	TIME OF INSPECTION 8:38 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)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG402002 EXP. DATE 04/20/2016

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 ➡ .096

TEST 3 ➡ .097

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) | 1 | (.15-.19) | (OVER .19)

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  
Gary Crow

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240254

TELEPHONE NUMBER  
(816) 380-5200

**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

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00165

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

Air Blank:  
10/02/14 08:46 .000  
Calibration Check:  
24 10/02/14 08:46 .097

Subject Name

Subject I.D.

*Dep. A. Cron*  
Operator Name, I.D.

*240254*  
Location

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00164

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

Air Blank:  
10/02/14 08:42 .000  
Calibration Check:  
24 10/02/14 08:42 .096

Subject Name

Subject I.D.

*Dep. A. Cron*  
Operator Name, I.D.

*240254*  
Location

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00163

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

Air Blank:  
10/02/14 08:39 .000  
Calibration Check:  
23 10/02/14 08:39 .097

Subject Name

Subject I.D.

*Dep. A. Cron*  
Operator Name, I.D.

*240254*  
Location

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00166

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

VOID: RFI  
12 10/02/14 08:48

Subject Name

Subject I.D.

*Dep. A. Cron*  
Operator Name, I.D.

*240254*  
Location



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**



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



**PERMIT**  
**TYPE II**  
**GARY M CROW**

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 5/20/2014

NUMBER 240254

EXPIRES 5/20/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 CROW, GARY  
Permit No 240254  
Date Issued 5/20/2014 Date Expires 5/20/2016