



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

**RECEIVED**

REPORT #7

By Carol Day at 12:33 pm, Jun 02, 2015

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<br>026999 | PRINTER SN<br>95.1111.053 | DATE OF INSPECTION<br>06-02-2015 |
|-----------------------------|---------------------------|----------------------------------|

|  |                            |
|--|----------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 FARAON ST SAINT JOSEPH, MISSOURI 64501 | TIME OF INSPECTION<br>0952 |
|--|----------------------------|

**CHECKLIST:** Place a mark in the box by each item it 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 (1 O-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 # AG428002 EXP. DATE 10-07-2016

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 w-<br>.104 | TEST 2 w-<br>.104 | TEST 3 w-<br>.103 |
|-------------------|-------------------|-------------------|

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) | (.10-.14) | 1 | (.15-.19) | 2 | (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).

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**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>  | PRINT NAME<br>BRAD KERNS           |
| TYPE 11 PERMIT NUMBER/EXPIRATION DATE<br>250006 01-05-2017 | TELEPHONE NUMBER<br>(816) 271-5359 |

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

MS IV Serial no: 026999  
Version no: 7409

TEST RECORD 01639

Temp Date Time 210L  
s/

Air Blank:  
06/02/15 09:52 .000  
Calibration Check:  
18 06/02/15 09:52 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

MS IV Serial no: 026999  
Version no: 7409

TEST RECORD 01640

Temp Date Time 210L  
s/

Air Blank:  
06/02/15 09:57 .000  
Calibration Check:  
19 06/02/15 09:57 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

MS IV Serial no: 026999  
Version no: 7409

TEST RECORD 01641

Temp Date Time 210L  
s/

Air Blank:  
06/02/15 10:01 .000  
Calibration Check:  
19 06/02/15 10:01 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

MS IV Serial no: 026999  
Version no: 7409

TEST RECORD 01642

Temp Date Time 210L  
s/

Air Blank:  
12 06/02/15 10:26  
Calibration Check:  
19 06/02/15 10:26 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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<br>030451  | PRINTER SN<br>95.1111.053 | DATE OF INSPECTION<br>06-02-2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 FARAON ST SAINT JOSEPH, MISSOURI 64501 |                           | TIME OF INSPECTION<br>1014       |

**CHECKLIST:** Place a mark in the box by each item it 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 (1 O-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 # AG428002 EXP. DATE 10-07-2016

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 w-<br>.099 | TEST 2 w-<br>.098 | TEST 3 w-<br>.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) | 3 | (.10-.14) | 9 | (.15-.19) | 8 | (OVER.19) | 3 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|-----------|---|

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).

RECALIBRATE TO DEPARTMENT OF HEALTH AND SENIOR SERVICES STANDARDS. CALIBRATED TO A .100

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>BRAD KERNS           |
| TYPE 11 PERMIT NUMBER/EXPIRATION DATE<br>250006 01-05-2017 | TELEPHONE NUMBER<br>(816) 271-5359 |

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: 030451  
Version no: 7410  
TEST RECORD 03957  
Temp Date Time 210L  
12 06/02/15 10:23  
Fold: RFI  
Subject Name  
Subject I.D.

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03955  
Temp Date Time 210L  
24 06/02/15 10:20  
Calibration Check:  
24 06/02/15 10:20 .098  
Air Blank:  
06/02/15 10:20 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03956  
Temp Date Time 210L  
24 06/02/15 10:23 .098  
Calibration Check:  
24 06/02/15 10:23 .098  
Air Blank:  
06/02/15 10:23 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03953  
Temp Date Time 210L  
23 06/02/15 10:14 .100  
Calibration:  
23 06/02/15 10:14 .100  
Air Blank:  
06/02/15 10:14 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03954  
Temp Date Time 210L  
24 06/02/15 10:18 .099  
Calibration Check:  
24 06/02/15 10:18 .099  
Air Blank:  
06/02/15 10:18 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03955  
Temp Date Time 210L  
24 06/02/15 10:20 .098  
Calibration Check:  
24 06/02/15 10:20 .098  
Air Blank:  
06/02/15 10:20 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 030451  
Version no: 7410  
TEST RECORD 03956  
Temp Date Time 210L  
24 06/02/15 10:23 .098  
Calibration Check:  
24 06/02/15 10:23 .098  
Air Blank:  
06/02/15 10:23 .000  
Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 8-Oct-2014

Customer Name  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG428002

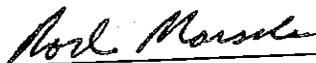
|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| <u>Exp. Date</u><br>7-Oct-2016 | <u>Cyl. Type</u><br>108 | <u>Component</u><br>Ethanol<br>Nitrogen | <u>Certified Concentration</u><br>0.100 ± 2% BrAC (272 ppm)<br>Balance |
|--------------------------------|-------------------------|---|--|

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| 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: 2014.10.08 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



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

2

**PERMIT**  
**TYPE II**  
**BRAD KERNS**

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, DATAMASTER**

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 1/2/2015

NUMBER 250006

EXPIRES 1/2/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

**acting director**

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **KERNS, BRAD**  
 Permit No **250006**  
 Date Issued **1/2/2015** Date Expires **1/2/2017**