



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

RECEIVED

REPORT #7

By Carol Day at 2:50 pm, Dec 07, 2015

Complete this report in duplicate at the time of the regular monthly preventive 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 062086	PRINTER SN 84.9324.048	DATE OF INSPECTION 11/23/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) # 1 Bruns Lane, Union MO 63084	TIME OF INSPECTION 1:49 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u> LOT # <u>AG525701</u> EXP. DATE <u>09/14/2017</u>	
<input type="checkbox"/> 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 .100	TEST 2 .100	TEST 3 .101
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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).

- This unit is being put into it's initial service on this maintenance report date.
- The time was adjusted.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Deputy Delbert Bullock/ 1130
TYPE II PERMIT NUMBER/EXPIRATION DATE 240129 Expires on 04/03/2016	TELEPHONE NUMBER (636) 583-2560

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: 062086
Version no: 532B

TEST RECORD 00378

Temp	Date	Time	a/ 210L

Air Blank:			
	11/23/15	13:49	.000
Calibration Check:			
24	11/23/15	13:49	.100

Air Blank:
11/23/15 13:49 .000
Calibration Check:
24 11/23/15 13:49 .100

Subject Name

D. Wash, R. Bent
Subject I.D.

Operator Name, I.D.

Location

2

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00379

Temp	Date	Time	a/ 210L

Air Blank:			
	11/23/15	13:52	.000
Calibration Check:			
25	11/23/15	13:52	.100

Air Blank:
11/23/15 13:52 .000
Calibration Check:
25 11/23/15 13:52 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI

3

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00380

Temp	Date	Time	a/ 210L

Air Blank:			
	11/23/15	13:54	.000
Calibration Check:			
25	11/23/15	13:54	.101

Air Blank:
11/23/15 13:54 .000
Calibration Check:
25 11/23/15 13:54 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00381

Temp	Date	Time	a/ 210L

VOID: RFI			
	12	11/23/15	13:57

VOID: RFI
12 11/23/15 13:57

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

Customer Name

Exclusive Supplier

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

Test Date: 15-Sep-2015

Lot # AG525701 **Model** 108cacc

Exp. Date

14-Sep-2017

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: 2015.09.15 16:04:10 -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

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PERMIT
TYPE II
DELBERT A BULLOCK

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

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/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 4/3/2014

NUMBER 240129

EXPIRES 4/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (F6-10)



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 **BULLOCK, DELBERT**
 Permit No **240129**
 Date Issued **4/3/2014** Date Expires **4/3/2016**