



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 10:38 am, Aug 04, 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 094804	PRINTER SN 097.3584.334	DATE OF INSPECTION 07/29/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City, MO 64137	TIME OF INSPECTION 2:14 am
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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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG326803 EXP. DATE 09/25/2015
- 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 .102	TEST 2 .102	TEST 3 .102
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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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME LAWRENCE POLLARD
TYPE II PERMIT NUMBER/EXPIRATION DATE 250132 06/08/2017	TELEPHONE NUMBER (816) 482-8141

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: 094804
Version no: 532B

TEST RECORD 00267

Temp Date Time ^{s/} 210L

Air Blank:
07/29/15 02:14 .000
Calibration Check:
25 07/29/15 02:14 .102

Subject Name

Subject I.D.

Pa Allred 5044
Operator Name, I.D.

DUP unit
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00268

Temp Date Time ^{s/} 210L

Air Blank:
07/29/15 02:16 .000
Calibration Check:
27 07/29/15 02:16 .102

Subject Name

Subject I.D.

Pa Allred 5044
Operator Name, I.D.

DUP unit
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00269

Temp Date Time ^{s/} 210L

Air Blank:
07/29/15 02:17 .000
Calibration Check:
27 07/29/15 02:17 .102

Subject Name

Subject I.D.

Pa Allred 5044
Operator Name, I.D.

DUP unit
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00270

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/29/15 02:19

Subject Name

Subject I.D.

Pa Allred 5044
Operator Name, I.D.

DUP unit
Location



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



PERMIT
TYPE II

LAWRENCE POLLARD

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

AICO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

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 308.111 through 308.119 RSMo.

DATE 6/8/2015 *Lawrence Pollard*
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250132 *Paul Verkley*
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/8/2017
LAB # grc-10

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

This name/candidate is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content of breath from an expired air in Missouri.

Operator: POLLARD, LAWRENCE
Permit No: 250132 Date Expires: 6/8/2017
Date Issued: 6/8/2015



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: 30-Sep-2013

Lot # AG326803

Exp. Date	Cyl. Type	Component	Certified Concentration
25-Sep-2015	108	Ethanol	0.100 ± 2% B/A/C (272 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010681	391.8 ppm	EB0010603	392.5 ppm
EB0010670	268.8 ppm	EB0010659	268.9 ppm
EB0010285	209.0 ppm	EB0010695	208.9 ppm
EB0010661	103.7 ppm	EB0010662	104.9 ppm
EB0010681	52.22 ppm	EB0010679	52.94 ppm

Analytical Method: **NDIR**

Digitally signed by Quality Control
Date: 2013.09.30 10:52:42 -0500
Reason: My gas standard certification of analysis
Location: Argus USA LLC (LAB)

Analyst: Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01