



RECEIVED

By Brian Lutmer at 3:08 pm, Nov 03, 2015

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 097438	PRINTER SN 096.3580.921	DATE OF INSPECTION 11/03/2015
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City, MO 64137	TIME OF INSPECTION 4:26 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 # AG521003 EXP. DATE 07/29/2017

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 ← 0.098	TEST 2 ← 0.100	TEST 3 ← 0.100
----------------	----------------	----------------

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Daylight savings time adjustment.

INSPECTING OFFICER

SIGNATURE <i>Kori Smeiska</i>	PRINT NAME Kori Smeiska
----------------------------------	----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 250133/6-8-2017	TELEPHONE NUMBER (816) 234-5000
--	------------------------------------

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



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

2

**PERMIT
TYPE II**
KORI SMEISKA

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 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 306.111 through 306.119 RSMo.

DATE 6/8/2015

NUMBER 250133

EXPIRES 6/8/2017

MO 560-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SMEISKA, KORI
Permit No 250133
Date Issued 6/8/2015 Date Expires 6/8/2017



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: 3-Aug-2015

Lot # AG521003 **Model** 108cadd

Exp. Date	Cyl. Type	Component	Certified Concentration
29-Jul-2017	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
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: 2015.08.04 09:59:31 -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

AS IV Serial no: 097438
Version no: 532B

TEST RECORD 00144

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
11/03/15 04:26 .000
Calibration Check:
26 11/03/15 04:26 .098

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smeisha #5260

Location

DUI Section

AS IV Serial no: 097438
Version no: 532B

TEST RECORD 00145

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
11/03/15 04:27 .000
Calibration Check:
26 11/03/15 04:27 .100

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smeisha #5260

Location

DUI Section

AS IV Serial no: 097438
Version no: 532B

TEST RECORD 00146

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
11/03/15 04:29 .000
Calibration Check:
27 11/03/15 04:29 .100

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smeisha #5260

Location

DUI Section

AS IV Serial no: 097438
Version no: 532B

TEST RECORD 00147

Temp	Date	Time	s/	210L
------	------	------	----	------

VOID: RFI
12 11/03/15 04:30

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smeisha #5260

Location

DUI Section