



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 12:06 pm, May 12, 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 099364	PRINTER SN 097.3584.339	DATE OF INSPECTION 05/12/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office, #1 Bruns Lane, Union MO 63084	TIME OF INSPECTION 10:14 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG423201</u> EXP. DATE <u>08/20/2016</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 ➡ 0.096	TEST 2 ➡ 0.100	TEST 3 ➡ 0.100
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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 <i>Deputy Delbert Bullock 1130</i>	PRINT NAME Deputy Delbert Bullock/ 1130
TYPE II PERMIT NUMBER/EXPIRATION DATE 240129/ 03 April 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

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②

AS IV Serial no: 099364  
Version no: 532B

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 00294

TEST RECORD 00297

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

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

Air Blank:  
05/12/15 10:14 .000  
Calibration Check:  
19 05/12/15 10:14 .096

Air Blank:  
05/12/15 10:20 .000  
Calibration Check:  
21 05/12/15 10:20 .100

Subject Name  
*[Signature]*  
Subject I.D.

Subject Name  
*[Signature]*  
Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

③

AS IV Serial no: 099364  
Version no: 532B

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 00298

TEST RECORD 00299

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

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

Air Blank:  
05/12/15 10:22 .000  
Calibration Check:  
22 05/12/15 10:22 .101

VOID: RFI  
12 05/12/15 10:24

Subject Name  
*[Signature]*  
Subject I.D.

Subject Name  
*[Signature]*  
Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location



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

  
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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Gal Vasterby*  
\_\_\_\_\_  
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 BULLOCK, DELBERT  
Permit No 240129  
Date issued 4/3/2014 Date Expires 4/3/2016



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:** 5-Feb-2014

Lot # AG403602

<b>Exp. Date</b> 5-Oct-2015	<b>Cyl. Type</b> 30	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm) Balance
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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: 2014.02.05 18:53:20 -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**