



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

RECEIVED

REPORT 7

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department file.

By Carol Day at 7:37 am, May 12, 2015

ALCO SENSOR IV SN 105443	PRINTER SN 099.3586.172	DATE OF INSPECTION 05/06/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore		TIME OF INSPECTION 11:37 pm

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 # 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 .096

TEST 2 .092

TEST 3 .094

RFI DETECTOR OPERATING

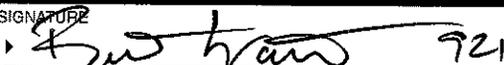
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

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).

NOTE: 1000 feet altitude correction used. Refer to altitude correction chart on AirGas canister.
 .100% ethanol-gas mixture will read .096% at 1000 feet.

INSPECTING OFFICER

SIGNATURE


PRINT NAME
 Brent Worthley

TYPE II PERMIT NUMBER/EXPIRATION DATE
 240222 04/30/2016

TELEPHONE NUMBER
 (816) 331-0530

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



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: 8-Oct-2014

Lot # AG428002

Exp. Date

7-Oct-2016

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: 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

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**PERMIT
TYPE II**

BRENTON W WORTHLEY

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, INTOX EC/IR II

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 4/30/2014

NUMBER 240222

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 589-0771 (8-10)

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 **WORTHLEY, BRENTON**
Permit No **240222**
Date Issued **4/30/2014** Date Expires **4/30/2016**

AS IV Serial no: 105443
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00400

Temp	Date	Time	s/ 210L
Air Blank:			
	05/06/15	23:37	.000
Calibration Check:			
21	05/06/15	23:37	.096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00401

Temp	Date	Time	s/ 210L
Air Blank:			
	05/06/15	23:39	.000
Calibration Check:			
23	05/06/15	23:39	.092

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00402

Temp	Date	Time	s/ 210L
Air Blank:			
	05/06/15	23:41	.000
Calibration Check:			
23	05/06/15	23:41	.094

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B
TEST RECORD 00405
Temp Date Time s/
210L
VOID: RTI
12 05/06/15 23:49
Subject Name
Subject I.D.
Operator Name, I.D.
Location