



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

RECEIVED

By Carol Day at 10:16 am, Sep 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 107972	PRINTER SN 099.3586.824	DATE OF INSPECTION 09/03/2015
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 9:53 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG434201</u> EXP. DATE <u>12/08/2016</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 ➔ .077	TEST 2 ➔ .077	TEST 3 ➔ .078
---------------	---------------	---------------

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jared S Dotson
TYPE II PERMIT NUMBER/EXPIRATION DATE 250156 - 07/22/2017	TELEPHONE NUMBER (573) 875-1111

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: 187972
Version no: 532B

TEST RECORD 00120

Temp Date Time 210L
s/
Air Blank: 09/03/15 21:56 .000
Calibration Check: 35 09/03/15 21:56 .077

Subject Name

Maintenance

Subject I.D.

Operator Name: I.D.

Dorson 250156

Location

2111 County Drive

Columbia

AS IV Serial no: 187972
Version no: 532B

TEST RECORD 00121

Temp Date Time 210L
s/
Air Blank: 09/03/15 21:58 .000
Calibration Check: 35 09/03/15 21:58 .077

Subject Name

Maintenance

Subject I.D.

Operator Name: I.D.

Dorson 250156

Location

2111 County Drive

Columbia

AS IV Serial no: 187972
Version no: 532B

TEST RECORD 00122

Temp Date Time 210L
s/
Air Blank: 09/03/15 21:59 .000
Calibration Check: 35 09/03/15 21:59 .078

Subject Name

Maintenance

Subject I.D.

Operator Name: I.D.

Dorson 250156

Location

2111 County Drive

Columbia

AS IV Serial no: 187972
Version no: 532B

TEST RECORD 00123

Temp Date Time 210L
s/
VOID: RFI
12 09/03/15 22:01

Subject Name

Maintenance

Subject I.D.

Operator Name: I.D.

Dorson 250156

Location

2111 County Drive

Columbia



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

2

PERMIT
TYPE II

JARED DOTSON

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 DMT

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 7/22/2015
NUMBER 250156
EXPIRES 7/22/2017

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS-99-071 (6-10) Lab-1 (pre-10)

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

The named operator is authorized to operate an oxidized beam alcohol instrument for the determination of the alcoholic content of a person's breath in Missouri.

Operator: **DOTSON, JARED**
Permit No. **250156**
Date Issued **7/22/2015** Date Expires **7/22/2017**



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 9-Dec-2014

Lot # AG434201

Exp. Date 8-Dec-2016 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.080 ± 0.002 B/A/C (218 ppm) Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	397.8 ppm	EB0010503	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010585	208.9 ppm
EB0010584	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: My gas standard was in position of analysis
Location: Alper USA LLC (Lab)

Analyst: *[Signature]*
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01