



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 7:48 am, Feb 02, 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 107980 | PRINTER SN 099.3586.795 | DATE OF INSPECTION 01/30/2015 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriffs Office, #1 Bruns Ln. Union MO 63084 | TIME OF INSPECTION 11:21 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

| | |
|---|--|
| <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 ➡ .104 | TEST 2 ➡ .103 | TEST 3 ➡ .104 |
|---------------|---------------|---------------|

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 Cpl. M. Richardson 1271 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240127 04/03/2016 | 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

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00027

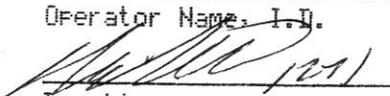
Temp Date Time ^{s/} 210L

Air Blank:
01/30/15 11:21 .000
Calibration Check:
23 01/30/15 11:21 .104

Subject Name

Subject I.D.

Operator Name, I.D.

 1071
Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00028

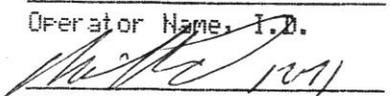
Temp Date Time ^{s/} 210L

Air Blank:
01/30/15 11:23 .000
Calibration Check:
24 01/30/15 11:23 .103

Subject Name

Subject I.D.

Operator Name, I.D.

 1071
Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00029

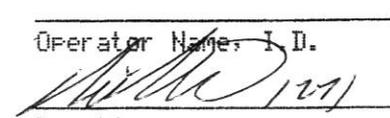
Temp Date Time ^{s/} 210L

Air Blank:
01/30/15 11:24 .000
Calibration Check:
24 01/30/15 11:24 .104

Subject Name

Subject I.D.

Operator Name, I.D.

 1071
Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00030

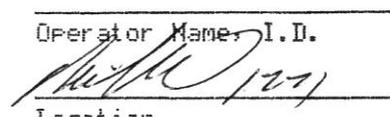
Temp Date Time ^{s/} 210L

VOID: RFI
12 01/30/15 11:25

Subject Name

Subject I.D.

Operator Name, I.D.

 1071
Location



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: 20-Aug-2014

Lot # AG423201

| | | | |
|--|--------------------------------|--|---|
| <u>Exp. Date</u> 20-Aug-2016 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 0.100 ± 2% BrAG (272 ppm) Balance |
|--|--------------------------------|--|---|

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

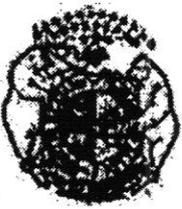
| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 258.8 ppm | EB0010569 | 258.8 ppm |
| EB0010285 | 209.0 ppm | EB0010595 | 206.9 ppm |
| EB0010581 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 52.22 ppm | EB0010579 | 52.84 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2014.08.22 12:04:20 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



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



PERMIT
TYPE II

MICHAEL RICHARDSON

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 listed under the provisions of sections 577.020 through 577.041, RSMo and 808.111 through 808.119 RSMo.

DATE 4/3/2014

NUMBER 240127

EXPIRES 4/3/2016

[Signature]

 PROVIDER OF BREATH ALCOHOL PROGRAM

[Signature]

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES