



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 9:24 am, Mar 19, 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 107981	PRINTER SN 099.3586.798	DATE OF INSPECTION 03/18/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Court Circle Suite 13, Camdenton, Missouri, 65020		TIME OF INSPECTION 1:44 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 # AG505101 EXP. DATE 02/20/2017

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 ➤ .100 TEST 2 ➤ .100 TEST 3 ➤ .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).
 Instrument was calibrated.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jason A. Sylvester
TYPE-H PERMIT NUMBER/EXPIRATION DATE 230346 / 12/31/2015	TELEPHONE NUMBER (573) 346-2243

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

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**PERMIT
 TYPE II**

JASON A SYLVESTER

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

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 12/31/2013

NUMBER 230346

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 SYLVESTER, JASON
 Permit No 230346
 Date Issued 12/31/2013 Date Expires 12/31/2015



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: 23-Feb-2015

Lot # AG505101

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Feb-2017	108	Ethanol Nitrogen	0.100 ± 2% BrAC (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	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: 2015.02.23 15:38:13 -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

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AS IU Serial no: 187981
Version no: 532B

AS IU Serial no: 187981
Version no: 532B

AS IU Serial no: 187981
Version no: 532B

TEST RECORD 00029

TEST RECORD 00030

TEST RECORD 00031

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
03/18/15 13:46 .000
Calibration:
23 03/18/15 13:46 .100

Air Blank:
03/18/15 13:47 .000
Calibration Check:
24 03/18/15 13:47 .100

Air Blank:
03/18/15 13:49 .000
Calibration Check:
24 03/18/15 13:49 .100

Subject Name

Subject Name

Subject Name

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

J. Sylvester 2462
Location 230346

J. Sylvester 2462
Location 230346

J. Sylvester 2462
Location 230346

C.C.S.O

C.C.S.O

C.C.S.O

AS IU Serial no: 187981
Version no: 532B

TEST RECORD 00033

Temp Date Time ^{s/} 210L

VOID: PFI
12 03/18/15 13:53

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester 2462
Location 230346

C.C.S.O

AS IU Serial no: 187981
Version no: 532B

TEST RECORD 00032

Temp Date Time ^{s/} 210L

Air Blank:
03/18/15 13:51 .000
Calibration Check:
25 03/18/15 13:51 .100

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester 2462
Location 230346

C.C.S.O

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