



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

RECEIVED

By Carol Day at 1:37 pm, Jul 09, 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 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 2157
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon St. Joseph MO 64501		TIME OF INSPECTION 2157

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 (1 O-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 - .103	TEST 2 - .102	TEST 3 - .101
------------------	------------------	------------------

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)	2	(.05-.09)	4	(.10-.14)	5	(.15-.19)	6	(OVER .19)	3
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 Sgt Wayne Byrom
TYPE II PERMIT NUMBER/EXPIRATION DATE 250124 06/08/2017	TELEPHONE NUMBER 816-271-5359

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: 1-Apr-2015

Lot # AG509101

<u>Exp. Date</u> 1-Apr-2017	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 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: 2015.04.01 17:02:55 -05:00
 Reason: Dry gas standard certification of analysts
 Location: Airgas USA LLC (Lab)

Analyst: 
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

PERMITS FOR 1994Q2
DATE: 06-08-94

TIME: 09:00 AM

BY: [Signature]

DATE: 06-08-94
TIME: 09:00 AM
BY: [Signature]

DATE: 06-08-94

BY: [Signature]

PERMIT: 250124

EXP: 6-8-94

PERMITS FOR 1994Q2
DATE: 06-08-94

TIME: 09:00 AM

BY: [Signature]

DATE: 06-08-94
TIME: 09:00 AM
BY: [Signature]

DATE: 06-08-94

BY: [Signature]

PERMIT: 250124

EXP: 6-8-94

PERMITS FOR 1994Q2
DATE: 06-08-94

TIME: 09:00 AM

BY: [Signature]

DATE: 06-08-94
TIME: 09:00 AM
BY: [Signature]

DATE: 06-08-94

BY: [Signature]

PERMIT: 250124

EXP: 6-8-94

PERMITS FOR 1994Q2
DATE: 06-08-94

TIME: 09:00 AM

BY: [Signature]

DATE: 06-08-94
TIME: 09:00 AM
BY: [Signature]

DATE: 06-08-94

BY: [Signature]

PERMIT: 250124

EXP: 6-8-94



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



PERMIT
TYPE II
WAYNE BYROM

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 6/8/2015

NUMBER 250124

EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 BYROM, WAYNE
Permit No 250124
Date Issued 6/8/2015 Date Expires 6/8/2017