



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

REPORT #7

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 002005	PRINTER SN 096.3580.878	DATE OF INSPECTION 1-19-16
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City 64137		TIME OF INSPECTION 0006

**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 # A6521003 EXP. DATE 072917

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 • <u>.100</u>	TEST 2 • <u>.099</u>	TEST 3 • <u>.099</u>
----------------------	----------------------	----------------------

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-.04)	(.05-.09) <u>0</u>	(.10-.14) <u>2</u>	(.15-.19) <u>1</u>	(OVER .19) <u>1</u>
----------	---------	--------------------	--------------------	--------------------	---------------------

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 <u>[Signature]</u> 5243	PRINT NAME Nathan Magers
TYPE II PERMIT NUMBER/EXPIRATION DATE 250139/6-15-2017	TELEPHONE NUMBER (816) 234-5000

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



**PERMIT  
TYPE II**

**NATHAN I MAGERS**

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, INTOXILYZER 8000**

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 6/15/2015

NUMBER 250139

EXPIRES 6/15/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (RS-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 MAGERS, NATHAN  
Permit No 250139  
Date Issued 6/15/2015 Date Expires 6/15/2017

**Airgas.**

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

Certificate of Analysis

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

Test Date: 3-Aug-2015

Lot # AG521003 Model 108cacc

Exp. Date	Cvl. Type	Component	Certified Concentration
29-Jul-2017	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
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: 2015.08.04 09:59:31 -0500  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst:   
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00203

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/16 23:55 .000  
Calibration Check:  
22 01/18/16 23:55 .100

Subject Name

Subject I.D.

*Magers 5243*

Operator Name, I.D.

*DUT Section*

Location

\_\_\_\_\_  
\_\_\_\_\_

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00204

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/16 23:57 .000  
Calibration Check:  
23 01/18/16 23:57 .099

Subject Name

Subject I.D.

*Magers 5243*

Operator Name, I.D.

*DUT Section*

Location

\_\_\_\_\_  
\_\_\_\_\_

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00205

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/16 23:59 .000  
Calibration Check:  
23 01/18/16 23:59 .099

Subject Name

Subject I.D.

*Magers 5243*

Operator Name, I.D.

*DUT Section*

Location

\_\_\_\_\_  
\_\_\_\_\_

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00206

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 01/19/16 00:01

Subject Name

Subject I.D.

*Magers 5243*

Operator Name, I.D.

*DUT Section*

Location

\_\_\_\_\_  
\_\_\_\_\_