

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

RECEIVED

By Carol Day at 11:23 am, Jun 01, 2016

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department files.

ALCO SENSOR IV SN 062086	PRINTER SN 84.9324.048	DATE OF INSPECTION 05/31/2016
LOCATION OF INSTRUMENT (STREET AND CITY) # 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 10:32 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

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters, Inc. LOT # AG525701 EXP. DATE 09/14/2017

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 → .103

TEST 2 → .101

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)	0	(.05-.09)	(.10-.14)	3	(.15-.19)	0	(OVER .19)	0
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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 Deputy Darrin Jones, 1118
TYPE II PERMIT NUMBER EXPIRATION DATE 250254 11/12/2017	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



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: 15-Sep-2015

Lot # AG525701 Model 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
14-Sep-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: 2015.09.15 16:04:10 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Analyst: 
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00514

Temp Date Time 210L

s/

Air Blank:
05/31/16 10:32 .000
Calibration Check:
21 05/31/16 10:32 .103

Subject Name

Subject I.D.

Operator Name, I.D.

FCSO

Location

*1 *

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00517

Temp Date Time 210L

s/

Air Blank:
05/31/16 10:39 .000
Calibration Check:
24 05/31/16 10:39 .101

Subject Name

Subject I.D.

Operator Name, I.D.

FCSO

Location

*0001

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00516

Temp Date Time 210L

s/

Air Blank:
05/31/16 10:36 .000
Calibration Check:
23 05/31/16 10:36 .101

Subject Name

Subject I.D.

Operator Name, I.D.

FCSO

Location

*0 *

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00518

Temp Date Time 210L

s/

VOID: RFI
12 05/31/16 10:41

Subject Name

Subject I.D.

Operator Name, I.D.

FCSO

Location



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

2

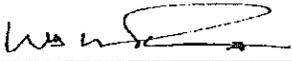
PERMIT
TYPE II
DARRIN M JONES

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 issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/11/2015


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250254

EXPIRES 11/11/2017


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-9771 (6-10)

LAB-4 (R6-10)



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 JONES, DARRIN
Permit No 250254
Date issued 11/11/2015 Date Expires 11/11/2017

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

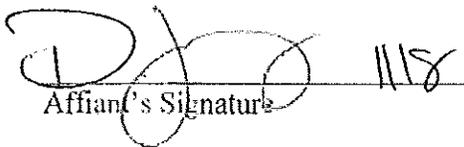
AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Dep. Darrin Jones, DSN #1118, and upon being duly sworn by me, deposed as follows:

My name is Dep. Darrin Jones, DSN #1118. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

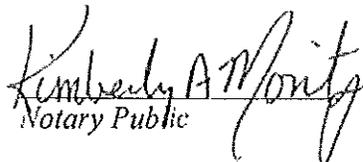
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 062086. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of April 26, 2016. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular course of business, and it is with the regular course of business that an employee or representative to make the record or to transmit information thereof to be included in such record. The records attached hereto are the original or exact duplicates of the original. The records attached hereto represent a complete and exact duplication of any and all original records kept by the Franklin County Sheriff's Office in the regular course of business.

Dep. Darrin Jones, DSN #1118
Affiant's Name – typed or printed


Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
31 day of May, 2016.

My commission expires: 09/14/2019


Notary Public

Kimberly A. Moritz
Notary Public - Notary Seal
STATE OF MISSOURI
Franklin County
My Commission Expires 9/14/2019
Commission # 15231859