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By Carol Day at 1:13 pm, Jun 09, 2016



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<br>087967 | PRINTER SN<br>08C.3556.200 | DATE OF INSPECTION<br>06/04/2016 |
|-----------------------------|----------------------------|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>303 E. 3rd Street Joplin | TIME OF INSPECTION<br>0:35 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, Inc.</u> | LOT # <u>AG602502</u> | EXP. DATE <u>09/25/2016</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  .101 | TEST 2  .100 | TEST 3  .099 |
|--------------|--------------|--------------|

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 | 2 | (0-.04) | 1 | (.05-.09) | 0 | (.10-.14) | 2 | (.15-.19) | 2 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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<br> | PRINT NAME<br>Brett Davis |
|---------------|---------------------------|

|   |                                    |
|---|------------------------------------|
| TYPE PERMIT NUMBER/EXPIRATION DATE<br>250183/08-18-2017 | TELEPHONE NUMBER<br>(417) 623-3131 |
|---|------------------------------------|

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**  
**BRETT J DAVIS**

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000, INTOXILYZER 8000, 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 8/18/2015

NUMBER 250183

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **DAVIS, BRETT**  
Permit No **250183**  
Date Issued **8/18/2015** Date Expires **8/18/2017**



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:** 26-Jan-2016

**Lot # AG602502 Model 30cacc**

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>       |
|------------------|------------------|---------------------|--------------------------------------|
| 25-Sep-2017      | 30               | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (272 ppm)<br>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: 2016.01.26 14:14:08 -08:00  
 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: 087967  
Version no: 532B

TEST RECORD 00436

Temp Date Time 210L

Air Blank:  
06/04/16 00:35 .000  
Calibration Check:  
19 06/04/16 00:35 .101

Subject Name

Subject I.D.

Operator Name, I.D.

*BAS* 250183

Location

Jeplin Jail

AS IV Serial no: 087967  
Version no: 532B

TEST RECORD 00437

Temp Date Time 210L

Air Blank:  
06/04/16 00:37 .000  
Calibration Check:  
20 06/04/16 00:37 .100

Subject Name

Subject I.D.

Operator Name, I.D.

*BAS* 250183

Location

Jeplin Jail

AS IV Serial no: 087967  
Version no: 532B

TEST RECORD 00438

Temp Date Time 210L

Air Blank:  
06/04/16 00:39 .000  
Subject Test: Man/  
21 06/04/16 00:39 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*BAS* 250183

Location

Jeplin Jail

AS IV Serial no: 087967  
Version no: 532B

TEST RECORD 00439

Temp Date Time 210L

VOID: RFI  
12 06/04/16 00:41

Subject Name

Subject I.D.

Operator Name, I.D.

*BAS* 9009

Location

Jeplin Jail