



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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 03/08/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701		TIME OF INSPECTION 3:12 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 Inc. LOT # AG409802 EXP. DATE 04/08/2016
- 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 ← .082	TEST 2 ← .082	TEST 3 ← .082
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- 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)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE <i>Brian Kincaide</i> #258	PRINT NAME Brian C. Kincaide
TYPE II PERMIT NUMBER/EXPIRATION DATE 250159 / 7-22-2017	TELEPHONE NUMBER (816) 380-8940

**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:** 8-Apr-2014

**Lot # AG409802**

**Exp. Date**  
 8-Apr-2016

**Cyl. Type**  
 108

**Component**  
 Ethanol  
 Nitrogen

**Certified Concentration**  
 0.080 ± 0.002 BrAC (218 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: 2014.04.09 10:33:17 -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*



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

2

**PERMIT  
 TYPE II**

**BRIAN KINCAIDE**

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 7/22/2015

NUMBER 250159

EXPIRES 7/22/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 KINCAIDE, BRIAN  
 Permit No 250159  
 Date issued 7/22/2015 Date Expires 7/22/2017

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00309

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

Air Blank:  
03/08/16 15:12 .000  
Calibration Check:  
20 03/08/16 15:12 .082

Subject Name

TEST

Subject I.D.

Kincaid

Operator Name: I.D.

205 N Lexington  
Location

Harrisonville mo 64701

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00310

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

Air Blank:  
03/08/16 15:14 .000  
Calibration Check:  
21 03/08/16 15:14 .082

Subject Name

TEST

Subject I.D.

Kincaid

Operator Name: I.D.

205 N Lexington  
Location

Harrisonville mo 64701

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00313

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

Air Blank:  
03/08/16 15:18 .000  
Subject Test: Auto  
24 03/08/16 15:18 .080

Subject Name

Sober Sample

Subject I.D.

Kincaid/Trask

Operator Name: I.D.

205 N Lexington  
Location

Harrisonville mo 64701

TEST RECORD 00311

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

Air Blank:  
03/08/16 15:15 .000  
Calibration Check:  
22 03/08/16 15:15 .082

Subject Name

TEST

Subject I.D.

KINCAID

Operator Name: I.D.

205 N Lexington  
Location

Harrisonville mo

Temp Date Time 210L  
VOID: PFI  
12 03/08/16 15:17

Subject Name

TEST

Subject I.D.

Kincaid

Operator Name: I.D.

205 N Lexington  
Location

Harrisonville mo

1/17/16