



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

**RECEIVED**  
 By Carol Day at 3:44 pm, May 19, 2016

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 097438	PRINTER SN 096.3580.921	DATE OF INSPECTION 05/19/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137	TIME OF INSPECTION 0:23 am
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**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</u>	LOT # <u>AG521003</u> EXP. DATE <u>07/29/2017</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  .100	TEST 2  .099	TEST 3  .098
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.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).

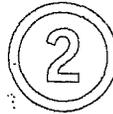
**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Kori Smeiska
TYPE II PERMIT NUMBER/EXPIRATION DATE 250133/6-8-2017	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**  
**KORI SMEISKA**

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 6/8/2015  
NUMBER 250133  
EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (16-10)

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 SMEISKA, KORI  
Permit No 250133  
Date Issued 6/8/2015 Date Expires 6/8/2017



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:** 3-Aug-2015

**Lot #** AG521003 **Model** 108cacc

<u>Exp. Date</u>	<u>Cvl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-Jul-2017	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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: 2015.08.04 09:59:31 -0500  
Reason: Dry gas standard certification of analysts  
Location: Airgas USA LLC (Lab)

Analyst:   
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 097438  
Version no: 532B

TEST RECORD 00177

Temp Date Time 210L

Air Blank:  
05/19/16 00:23 .000  
Calibration Check:  
22 05/19/16 00:23 .100

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smersh #5260

Location

DUI Section

AS IV Serial no: 097438  
Version no: 532B

TEST RECORD 00178

Temp Date Time 210L

Air Blank:  
05/19/16 00:25 .000  
Calibration Check:  
23 05/19/16 00:25 .099

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smersh #5260

Location

DUI Section

AS IV Serial no: 097438  
Version no: 532B

TEST RECORD 00179

Temp Date Time 210L

Air Blank:  
05/19/16 00:27 .000  
Calibration Check:  
24 05/19/16 00:27 .098

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smersh #5260

Location

DUI Section

AS IV Serial no: 097438  
Version no: 532B

TEST RECORD 00180

Temp Date Time 210L

VOID: RFI  
12 05/19/16 00:29

Subject Name

Subject I.D.

Operator Name, I.D.

P.O. Smersh #5260

Location

DUI Section