



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 097442	PRINTER SN 096.3580.95402/24/2016	DATE OF INSPECTION 03/22/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 206 West Crumb	TIME OF INSPECTION 12:45 pm
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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>Intoximeter</u>	LOT # <u>AG532002</u> EXP. DATE <u>07/16/2017</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 .080	TEST 2 .083	TEST 3 .083
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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) 1	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19) 1
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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 Justin K. Allen
TYPE / PERMIT NUMBER/EXPIRATION DATE 250332- 12/28/2017	TELEPHONE NUMBER (573) 293-4454

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: 17-Nov-2015

Lot # AG532002 Model 30cacc

<u>Exp. Date</u> 16-Jul-2017	<u>Cyl. Type</u> 30	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.082 ± 0.002 BrAC (223 ppm) Balance
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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: 2015.11.17 15:25:55 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Analyst: _____

Rod Marsala

 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 097442
Version no: 532B

TEST RECORD 00183

Temp Date Time 210L s/

Air Blank:
03/22/16 12:45 .000
Calibration Check:
20 03/22/16 12:45 .080

Subject Name

Monthly Maint

Subject I.D.

Test #1

Operator Name, I.D.

Justin Allen 790

Location

Bernie P.D.

AS IV Serial no: 097442
Version no: 532B

TEST RECORD 00184

Temp Date Time 210L s/

Air Blank:
03/22/16 12:47 .000
Calibration Check:
21 03/22/16 12:47 .083

Subject Name

Monthly Maint

Subject I.D.

Test #2

Operator Name, I.D.

Justin Allen 790

Location

Bernie PD

AS IV Serial no: 097442
Version no: 532B

TEST RECORD 00185

Temp Date Time 210L s/

Air Blank:
03/22/16 12:49 .000
Calibration Check:
22 03/22/16 12:49 .083

Subject Name

Monthly Maint

Subject I.D. Test 3

~~Justin Allen~~

Operator Name, I.D.

Justin K Allen 790

Location

Bernie P.D.

AS IV Serial no: 097442
Version no: 532B

TEST RECORD 00187

Temp Date Time 210L s/

UCID: RFI
12 03/22/16 12:50

Subject Name

Monthly Maint

Subject I.D.

~~Justin Allen~~ RFI

Operator Name, I.D.

Justin K Allen 790

Location

Bernie P.D.



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

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**PERMIT
 TYPE II**

JUSTIN K ALLEN

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

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 12/28/2015

NUMBER 250322

EXPIRES 12/28/2017

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 ALLEN, JUSTIN
 Permit No 250322
 Date Issued 12/28/2015 Date Expires 12/28/2017