



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

RECEIVED
 By Carol Day at 1:02 pm, Mar 22, 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 099364	PRINTER SN 097.3584.339	DATE OF INSPECTION 03/22/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office. #1 Bruns Lane, Union MO 63084	TIME OF INSPECTION 11:16 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>AG525701</u> EXP. DATE <u>09/14/2017</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 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .101	TEST 3 <input checked="" type="checkbox"/> .101
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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)	3	(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).

- Changed the time ahead an hour for daylight savings time.
- The printer ribbon was changed.

INSPECTING OFFICER

SIGNATURE <i>Deputy Deibert Bullock 1130</i>	PRINT NAME Deputy Deibert Bullock/ 1130
TYPE II PERMIT NUMBER/EXPIRATION DATE 240129 04/03/2016	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

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00382

Temp Date Time ^{s/} 210L

Air Blank:
03/22/16 11:16 .000
Calibration Check:
23 03/22/16 11:16 .099

Subject Name

Subject I.D.

Deputy Bullback 1130
Operator Name, I.D.

Location

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00383

Temp Date Time ^{s/} 210L

Air Blank:
03/22/16 11:18 .000
Calibration Check:
23 03/22/16 11:18 .101

Subject Name

Subject I.D.

Deputy Bullback 1130
Operator Name, I.D.

Location

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00384

Temp Date Time ^{s/} 210L

Air Blank:
03/22/16 11:20 .000
Calibration Check:
23 03/22/16 11:20 .101

Subject Name

Subject I.D.

Deputy Bullback 1130
Operator Name, I.D.

Location

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00385

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/22/16 11:22

Subject Name

Subject I.D.

Deputy Bullback 1130
Operator Name, I.D.

Location



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



**PERMIT
 TYPE II**

DELBERT A BULLOCK

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

DATAMASTER, INTOX EC/IR II, 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 4/3/2014

NUMBER 240129

EXPIRES 4/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 BULLOCK, DELBERT
 Permit No 240129
 Date Issued 4/3/2014 Date Expires 4/3/2016



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