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By Ellen Strawsine at 10:52 am, Jan 21, 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 100289	PRINTER SN 093.3563.017	DATE OF INSPECTION 01-20-2016
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City 64137		TIME OF INSPECTION 2212

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>7/29/17</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR EXP DATE _____
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 • <u>.102</u>	TEST 2 • <u>.105</u>	TEST 3 • <u>.105</u>
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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 <u>Tim Fillpot</u>	PRINT NAME Tim Fillpot
TYPE II PERMIT NUMBER/EXPIRATION DATE 250125/6-8-2017	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
TIMOTHY L FILLPOT

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 250125
EXPIRES 6/8/2017

MO 550-0771 (5-10)

Wanda
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Gal Vesterly
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (R5-10)

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: FILLPOT, TIMOTHY
Permit No: 250125
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>Cyl. 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>
EB0010681	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 -05:00
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: 100289
Version no: 532B

TEST RECORD 00094

Temp Date Time 210L ^{s/}

Air Blank:
01/20/16 22:12 .000
Calibration Check:
23 01/20/16 22:12 .102

Subject Name

Subject I.D.

John W D 4162
Operator Name, I.D.

Location

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00095

Temp Date Time 210L ^{s/}

Air Blank:
01/20/16 22:14 .000
Calibration Check:
23 01/20/16 22:14 .105

Subject Name

Subject I.D.

John W D 4162
Operator Name, I.D.

Location

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00096

Temp Date Time 210L ^{s/}

Air Blank:
01/20/16 22:17 .000
Calibration Check:
23 01/20/16 22:17 .105

Subject Name

Subject I.D.

John W D 4162
Operator Name, I.D.

Location

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00097

Temp Date Time 210L ^{s/}

VOID: RFI
12 01/20/16 22:19

Subject Name

Subject I.D.

John W D 4162
Operator Name, I.D.

Location