



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

RECEIVED
 By Carol Day at 9:17 am, Sep 06, 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 105443 Raymore Police Dept.	PRINTER SN 0993586172	DATE OF INSPECTION 08/31/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden Street, Warrensburg	TIME OF INSPECTION 11:13 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG535002 EXP. DATE 12/16/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) n/a SIMULATOR SN n/a 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 → 0.079

TEST 2 → 0.079

TEST 3 → 0.079

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).

Replaced the printer battery pack. Verified unit is operating within DOH rules and regulations.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Robert W. Welsh
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250122 06/03/2017	TELEPHONE NUMBER (660) 543-4597
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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: 105443
Version no: 532B

TEST RECORD 00609

Temp	Date	Time	a/ 210L
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Air Blank:
08/31/16 11:13 .000
Subject Test: Auto
22 08/31/16 11:13 .000

Subject Name

SELF TEST

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00610

Temp	Date	Time	a/ 210L
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Air Blank:
08/31/16 11:15 .000
Calibration Check:
22 08/31/16 11:15 .079

Subject Name

CAL CK 1

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00611

Temp	Date	Time	a/ 210L
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Air Blank:
08/31/16 11:17 .000
Calibration Check:
23 08/31/16 11:17 .079

Subject Name

CAL CK 2

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00612

Temp	Date	Time	a/ 210L
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Air Blank:
08/31/16 11:19 .000
Calibration Check:
23 08/31/16 11:19 .079

Subject Name

CAL CK 3

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00613

Temp	Date	Time	a/ 210L
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VOID: RFI
12 08/31/16 11:20

Subject Name

RFI

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location



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: 21-Dec-2015

Lot # AG535002 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
16-Dec-2017	108	Ethanol Nitrogen	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: 2015.12.21 14:02:23 -06:00
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

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**PERMIT
 TYPE II**

ROBERT W WELSH

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 DMT, INTOXILYZER 5000, INTOXILYZER
 8000, 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 6/3/2015

NUMBER 250122

EXPIRES 6/3/2017

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 WELSH, ROBERT
 Permit No 250122
 Date Issued 6/3/2015 Date Expires 6/3/2017