



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

RECEIVED
 By Carol Day at 5:17 pm, Aug 23, 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 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 08/12/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Jasper County Sheriff Office 231 S. Main Street Carthage, MO 64836	TIME OF INSPECTION 3:15 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>AG426004</u> EXP. DATE <u>09/17/2016</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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" 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 ➔ .078	TEST 2 ➔ .078	TEST 3 ➔ .078
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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).

Instrument was repaired at Missouri Safety Center in Warrensburg. Maintenance was preformed at Sheriff Office after repair before being placed back in service. Is operating withint MODHSS Standards.

INSPECTING OFFICER

SIGNATURE <i>Cpl. C. A. [Signature] #349</i>	PRINT NAME Christopher Calvin #349
TYPE / PERMIT NUMBER/EXPIRATION DATE 250286/ 02/25/2018	TELEPHONE NUMBER (417) 358-8177

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

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 18-Sep-2014

Lot # AG426004

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
17-Sep-2016	108	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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: 2014.09.19 10:07:34 -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

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00584

Temp Date Time ^{s/} 210L

Air Blank:
08/12/16 03:14 .000
Calibration Check:
24 08/12/16 03:14 .078

Subject Name

Acc Check #1
Subject I.D.
Chris Calvin #349
Operator Name, I.D.
250286 / 02-25-18
Location
231 S, Main St
Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00585

Temp Date Time ^{s/} 210L

Air Blank:
08/12/16 03:15 .000
Calibration Check:
25 08/12/16 03:15 .078

Subject Name

Acc Check #2
Subject I.D.
Chris Calvin #349
Operator Name, I.D.
250286 / 02-25-18
Location
231 S, Main St
Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00586

Temp Date Time ^{s/} 210L

Air Blank:
08/12/16 03:17 .000
Calibration Check:
25 08/12/16 03:17 .078

Subject Name

Acc Check #3
Subject I.D.
Chris Calvin #349
Operator Name, I.D.
250286 / 02-25-18
Location
Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00587

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/12/16 03:18

Subject Name

RFI Test
Subject I.D.
Chris Calvin #349
Operator Name, I.D.
250286 / 02-25-18
Location
231 S, Main St
Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00588

Temp Date Time ^{s/} 210L

Air Blank:
08/12/16 03:19 .000
Subject Test: Auto
27 08/12/16 03:19 .000

Subject Name

Sub Test
Subject I.D.
Chris Calvin #349
Operator Name, I.D.
250286 / 02-25-18
Location
231 S, Main St
Carthage, MO



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



PERMIT
TYPE II
CHRISTOPHER CALVIN

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 2/25/2016



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250286

EXPIRES 2/25/2018



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 CALVIN, CHRISTOPHER
Permit No 250286
Date Issued 2/25/2016 Date Expires 2/25/2018