

**RECEIVED**

By Carol Day at 1:53 pm, Apr 14, 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 107972	PRINTER SN 099.3586.824	DATE OF INSPECTION 04/14/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2121 County Drive Columbia		TIME OF INSPECTION 1:16 pm

**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 # AG525701 EXP. DATE 09/14/2017 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 ➡ .103

TEST 2 ➡ .102

TEST 3 ➡ .102

 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)	1	(.10-.14)	0	(.15-.19)	1	(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).

**INSPECTING OFFICER**SIGNATURE  
PRINT NAME  
Jared DotsonTYPE II PERMIT NUMBER/EXPIRATION DATE  
250156 07/22/2017TELEPHONE NUMBER  
(573) 875-1111**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: 107972  
Version no: 532B

TEST RECORD 00207

Temp	Date	Time	s/ 210L
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Air Blank:  
04/14/16 13:16 .000  
Calibration Check:  
21 04/14/16 13:16 .103

Subject Name

Maintenance  
Subject I.D.

Operator Name, I.D.

DOTSON 250156  
Location

2121 County Drive

Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00208

Temp	Date	Time	s/ 210L
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Air Blank:  
04/14/16 13:24 .000  
Calibration Check:  
22 04/14/16 13:24 .102

Subject Name

Maintenance  
Subject I.D.

Operator Name, I.D.

DOTSON 250156  
Location

2121 County Drive

Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00209

Temp	Date	Time	s/ 210L
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Air Blank:  
04/14/16 13:26 .000  
Calibration Check:  
22 04/14/16 13:26 .102

Subject Name

Maintenance  
Subject I.D.

Operator Name, I.D.

DOTSON 250156  
Location

2121 County Drive

Columbia

AS IV Serial no: 107972  
Version no: 532B

TEST RECORD 00210

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 04/14/16 13:29

Subject Name

Maintenance  
Subject I.D.

Operator Name, I.D.

DOTSON 250156  
Location

2121 County Drive

COLUMBIA



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



**PERMIT  
TYPE II**

**JARED DOTSON**

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, INTOX DMT**

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 7/22/2015

NUMBER 250156

EXPIRES 7/22/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (616-10)

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 from expired air in Missouri.

Operator DOTSON, JARED  
Permit No 250156  
Date Issued 7/22/2015 Date Expires 7/22/2017



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:** 15-Sep-2015

Lot # AG525701 Model 108cadd

Exp. Date	Cyl. Type	Component	Certified Concentration
14-Sep-2017	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010659	258.9 ppm
EB0010285	209.0 ppm	EB0010695	208.9 ppm
EB0010561	103.7 ppm	EB0010662	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 -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