



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 <i>107986</i>	PRINTER SN <i>099.3586.805</i>	DATE OF INSPECTION <i>02/15/2016</i>
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LOCATION OF INSTRUMENT (STREET AND CITY) <i>Missouri Safety Center 1200 South Holden Street Warrensburg</i>	TIME OF INSPECTION <i>11:22</i>
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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) *24°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 <i>FuXimeters</i>	LOT # <i>AG421804</i> EXP. DATE <i>08/06/2016</i>
<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 <i>0.080</i>	TEST 2 <i>0.082</i>	TEST 3 <i>0.080</i>
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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	<i>—</i>	(0-04)	<i>—</i>	(05-09)	<i>—</i>	(10-14)	<i>—</i>	(15-19)	<i>—</i>	(OVER .19)	<i>—</i>
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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 bad Capacitor, Recalibrated.

Boone County SD.

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT NAME <i>DAN LUCAS</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>250138 06/15/2017</i>	TELEPHONE NUMBER <i>660 543 4573</i>

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

Boone Co

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00244

Temp Date Time ^{s/} 210L

Air Blank:
02/15/16 11:22 .000
Calibration Check:
24 02/15/16 11:22 .000

Subject Name

DAN LUCAS

Subject I.D.

250138 6/15/2017

Operator Name, I.D.

DAN LUCAS 250138

Location 6/15/2017

1200 South Holden Street

Waverly Missouri 64093

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00245

Temp Date Time ^{s/} 210L

Air Blank:
02/15/16 11:24 .000
Calibration Check:
24 02/15/16 11:24 .002

Subject Name

Dan Lucas

Subject I.D.

250138 6/15/2017

Operator Name, I.D.

Dan Lucas 250138 6/15/2017

Location

1200 South Holden Street

Waverly Missouri 64093

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00246

Temp Date Time ^{s/} 210L

Air Blank:
02/15/16 11:25 .000
Calibration Check:
25 02/15/16 11:25 .000

Subject Name

DAN LUCAS

Subject I.D.

250138 6/15/2017

Operator Name, I.D.

DAN LUCAS 250138 6/15/2017

Location

1200 South Holden Street

Waverly Missouri 64093

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00247

Temp Date Time ^{s/} 210L

VOID: RPI
12 02/15/16 11:27

Subject Name

DAN LUCAS

Subject I.D.

250138 6/15/2017

Operator Name, I.D.

DAN LUCAS 250138 6/15/2017

Location

1200 South Holden Street

Waverly Missouri 64093



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: 6-Aug-2014

Lot # AG421804

Exp. Date

6-Aug-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)
Balance

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

Serial No.

EB0010581
EB0010570
EB0010285
EB0010561
EB0010681

Concentration

391.8 ppm
259.8 ppm
209.0 ppm
103.7 ppm
52.22 ppm

Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

392.5 ppm
258.9 ppm
208.9 ppm
104.9 ppm
52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.08.06 17:38:54 -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



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



PERMIT
TYPE II

DAN R LUCAS

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, INTOX 8000, INTOX EC/IR II, ASIV 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 6/15/2015

NUMBER 250138

EXPIRES 6/15/2017

MO 580-0771 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)