



RECEIVED
By Carol Day at 2:41 pm, Jun 03, 2016

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 107986	PRINTER SN 099.3586.805	DATE OF INSPECTION 06/03/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive, Columbia, MO 65202		TIME OF INSPECTION 11:30 am

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>AG525701</u> EXP. DATE <u>09/14/2017</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 .100	TEST 2 .100	TEST 3 .100
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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)	1	(.15-.19)	0	(OVER .19)	1
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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 # 5629	PRINT NAME Brian S. Leer
TYPE II PERMIT NUMBER/EXPIRATION DATE 250088 - Expires 05/11/2017	TELEPHONE 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: 107986
Version no: 532B

TEST RECORD 00305

Temp	Date	Time	s/	210L
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Air Blank:
06/03/16 11:30 .000
Calibration Check:
24 06/03/16 11:30 .100

Subject Name

N/A - Monthly Maint

Subject I.D.

Brian Leer Permit # 250088

Operator Name, I.D.

2111 County Drive, Columbia, MO

Location 65202

Test #1

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00306

Temp	Date	Time	s/	210L
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Air Blank:
06/03/16 11:32 .000
Calibration Check:
24 06/03/16 11:32 .100

Subject Name

N/A - Monthly Maint

Subject I.D.

Brian Leer Permit # 250088

Operator Name, I.D.

2111 County Drive

Location Columbia, MO 65202

Test #2

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00307

Temp	Date	Time	s/	210L
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Air Blank:
06/03/16 11:34 .000
Calibration Check:
24 06/03/16 11:34 .100

Subject Name

N/A - Monthly Maint

Subject I.D.

Brian Leer Permit # 250088

Operator Name, I.D.

2111 County Drive Columbia, MO

Location 65202

Test #3

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00308

Temp	Date	Time	s/	210L
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VOID: RFI
12 06/03/16 11:43

Subject Name

N/A - Monthly Maint

Subject I.D.

Brian Leer Permit # 250088

Operator Name, I.D.

2111 County Drive Columbia, MO

Location 65202

RFI Test



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

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

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

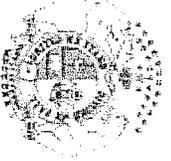
<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2015.09.15 16:04:10 -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



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

PERMIT
TYPE II

BRIAN SLEER

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, ALCO-SENSOR IV 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 306.116, RSMo.

DATE 5/11/2015

NUMBER 250088

EXPIRES 5/11/2017

MO 306.116-101

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-105 101

