



**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<br>107986 | PRINTER SN<br>099.3586.805 | DATE OF INSPECTION<br>06/07/2016 |
|-----------------------------|----------------------------|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>2121 County Drive Columbia | TIME OF INSPECTION<br>8:37 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**

|   |  |
|---|--|
| <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 _____                        |

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  .102 | TEST 2  .102 | TEST 3  .101 |
|--------------|--------------|--------------|

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>Jared Dotson         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>250156 07/22/2017 | TELEPHONE NUMBER<br>(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



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 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

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

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Alcotest.

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

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

ISQ 17025:2005 A2LA accredited. Certificate Number 2989.01

167946

AS IV Serial no: 107986  
Version no: 532B

TEST RECORD 00309 %/  
Temp Date Time 210L  
Air Blank: 06/07/16 20:37 .000  
Calibration Check: 22 06/07/16 20:37 .102

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2121 County Drive  
Columbia

AS IV Serial no: 107986  
Version no: 532B

TEST RECORD 00310 %/  
Temp Date Time 210L  
Air Blank: 06/07/16 20:38 .000  
Calibration Check: 22 06/07/16 20:38 .102

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2121 County Drive  
Columbia

AS IV Serial no: 107986  
Version no: 532B

TEST RECORD 00311 %/  
Temp Date Time 210L  
Air Blank: 06/07/16 20:40 .000  
Calibration Check: 23 06/07/16 20:40 .101

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2121 County Drive  
Columbia

AS IV Serial no: 107986  
Version no: 532B

TEST RECORD - REPRINT  
TEST RECORD 00312 %/  
Temp Date Time 210L  
VOID: RFI  
12 06/07/16 20:43

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2121 County Drive  
Columbia