MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 10:45 am, Jan 08, 2016

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	PRINTER SN	DATE OF INSPECTION
107992	099 3586 825	01/02/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
211 W. Broadway Webb City, MO	6:41 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.

- ☑ 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, Inc LOT # AG521003 EXP. DATE 07/29/2017

☐ 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	TEST 2	TEST 3
.102	.102	.105

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
1	0	0	0	0	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).

Changed Battery

INSPECTING OFFICER

SIGNATURE	PRINT NAME
CS	Christopher Shonk

TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
250170 / 07/23/2017	(417) 673-1911

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis

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AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00317

Temp	Date	Time	S/ 210L

Air Blank:
01/02/16 06:41 .000
Subject Test: Auto
22 01/02/16 06:41 .000

Subject Name
SOBER SAMPLE
Subject I.D.

Operator Name, I.D.
CHRISTOPHER SHONK 457
Location
WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00318

Temp	Date	Time	S/ 210L

Air Blank:
01/02/16 06:42 .000
Calibration Check:
22 01/02/16 06:42 .102

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.
CHRISTOPHER SHONK 457
Location
WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00319

Temp	Date	Time	S/ 210L

Air Blank:
01/02/16 06:44 .000
Calibration Check:
22 01/02/16 06:44 .102

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.
CHRISTOPHER SHONK 457
Location
WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00320

Temp	Date	Time	S/ 210L

Air Blank:
01/02/16 06:45 .000
Calibration Check:
22 01/02/16 06:45 .105

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.
CHRISTOPHER SHONK 457
Location
WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00321

Temp	Date	Time	S/ 210L

VOID: RFI
12 01/02/16 06:46

Subject Name
RFI CHECK
Subject I.D.

Operator Name, I.D.
CHRISTOPHER SHONK 457
Location
WCPD

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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: 14-Sep-2015

Lot # AG525302 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Sep-2017	108	Ethanol	0.100 ± 2% BrAC (260 ppm)
		Nitrogen	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	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: 2015.09.14 14:32:23 -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

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

2

PERMIT
TYPE II

CHRISTOPHER SHONK

s hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s).

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

or the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 77.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

ATE 7/23/2015

UMBER 250170

XPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

500-0771 (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 SHONK, CHRISTOPHER
Permit No 250170
Date Issued 7/23/2015 Date Expires 7/23/2017

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