



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 4:24 pm, Mar 14, 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 107992	PRINTER SN 099.3586.825	DATE OF INSPECTION 03/02/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 211 W Broadway Webb City, MO		TIME OF INSPECTION 5.54 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 ← .103

TEST 2 ← .098

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	2	(0-04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(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  
Christopher Shonk

TYPE / PERMIT NUMBER / EXPIRATION DATE  
250170 / 07/23/2017

TELEPHONE NUMBER  
(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

AS IV Serial no: 187992  
Version no: 532B

TEST RECORD 00341

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/02/16 05:54 .000  
Subject Test: Auto  
20 03/02/16 05:54 .000

Subject Name

SOBER Sample

Subject I.D.

Christopher Shank 457  
Operator Name, I.D.

WCPD

Location

AS IV Serial no: 187992  
Version no: 532B

TEST RECORD 00343

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/02/16 05:58 .000  
Calibration Check:  
21 03/02/16 05:58 .098

Subject Name

TEST #2

Subject I.D.

Christopher Shank 457  
Operator Name, I.D.

WCPD

Location

AS IV Serial no: 187992  
Version no: 532B

TEST RECORD 00345

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 03/02/16 06:00

Subject Name

RFI CHECK

Subject I.D.

Christopher Shank 457  
Operator Name, I.D.

~~WCPD~~ WCPD

Location

AS IV Serial no: 187992  
Version no: 532B

TEST RECORD 00342

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/02/16 05:56 .000  
Calibration Check:  
20 03/02/16 05:56 .103

Subject Name

TEST #1

Subject I.D.

Christopher Shank 457  
Operator Name, I.D.

WCPD

Location

AS IV Serial no: 187992  
Version no: 532B

TEST RECORD 00344

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/02/16 05:59 .000  
Calibration Check:  
21 03/02/16 05:59 .162

Subject Name

TEST #3

Subject I.D.

Christopher Shank 457  
Operator Name, I.D.

WCPD

Location



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

2

**PERMIT  
TYPE II**

**CHRISTOPHER SHONK**

is 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**

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 7/23/2015

NUMBER 250170

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (6-10)

LAD-4 (05 12)

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



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 108caccd**

<b><u>Exp. Date</u></b> 10-Sep-2017	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0 100 ± 2% BrAC (260 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>
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