



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 11:24 am, Apr 01, 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

ALCO SENSOR IV SN 107992	PRINTER SN 099.3586.825	DATE OF INSPECTION 04/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 211 W Broadway Webb City, MO		TIME OF INSPECTION 3:51 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters, Inc	LOT # AG521003 EXP. DATE 07/29/2017
<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 ← 103	TEST 2 ← .104	TEST 3 ← .101
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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)

Changed the time to correct time due to daylight savings time

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Christopher Shonk
TYPE II 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



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 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Sep-2017	108	Ethanol Nitrogen	0 100 ± 2% BrAC (260 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 14 14 32 23 -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**

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

MO 580-07.71 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R15 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

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00364

Temp Date Time ^{s/} 210L

Air Blank:
04/01/16 03:51 .000
Subject Test: Auto
20 04/01/16 03:51 .000

Subject Name

SOBER SAMPLE

Subject I.D.

Operator Name, I.D.

CHRISTOPHER SHANK 457

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00365

Temp Date Time ^{s/} 210L

Air Blank:
04/01/16 03:52 .000
Calibration Check:
20 04/01/16 03:52 .103

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

CHRISTOPHER SHANK 457

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00366

Temp Date Time ^{s/} 210L

Air Blank:
04/01/16 03:54 .000
Calibration Check:
20 04/01/16 03:54 .104

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

CHRISTOPHER SHANK 457

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00367

Temp Date Time ^{s/} 210L

Air Blank:
04/01/16 03:56 .000
Calibration Check:
21 04/01/16 03:56 .101

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

CHRISTOPHER SHANK #457

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00368

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/01/16 03:57

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

CHRISTOPHER SHANK 457

Location

WCPD