MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENA

RT #7

RECEIVED
By Carol Day at 8:42 am, May 02, 2016

Complete this report in duplicate at the time of the regular monthly prev ... red.
Send copy to Department of Health and Senior Services; retain original

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
107992	099.3586.825	04/30/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
211 W. Broadway Webb City, MO	4:35 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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER Intoximeters, Inc LOT # AG521003 EXP. DATE 07/29/2017
- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

- [x] 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)
  - [x] 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
.097	.098	.099

- [x] 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)
2	1	1	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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
	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

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

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00386

Temp	Date	Time	210L
air Blank:			
	04/30/16	04:38	.000
Calibration Check:			
24	04/30/16	04:38	.099

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 00384

Temp	Date	Time	210L
air Blank:			
	04/30/16	04:35	.000
Calibration Check:			
21	04/30/16	04:35	.097

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 00387

Temp	Date	Time	210L
UOID: RFI			
12	04/30/16	04:39	

Subject Name

RFI Check

Subject I.D.

Operator Name, I.D.

Christopher Shank 457

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 00385

Temp	Date	Time	210L
air Blank:			
	04/30/16	04:36	.000
Calibration Check:			
24	04/30/16	04:36	.098

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Christopher Shank 457

Location

WCPD

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 580-0771 (6-15)

LAB-4 (05-15)

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 of breath form of expired air in Missouri.

Operator SHONK CHRISTOPHER
Permit No 250170
Date Issued 7/23/2015 Date Expires 7/23/2017