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By Carol Day at 10:41 am, Apr 04, 2016

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

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	PRINTER SN	DATE OF INSPECTION
107996	099 3586 . 800	3/30/2016
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
7010 N Holmes Gladstone		

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
- [ ] STANDARD SUPPLIER Intoximeters LOT # AG 421804 EXP. DATE 06 Aug 2016
- [ ] 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)
  - [ ] 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - [x] 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
.082	.082	.081

- [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)
1	2	1	3	2	2

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
[signature]	Josh Bailey
TYPE PERMIT NUMBER & EXPIRATION DATE	TELEPHONE NUMBER
240 385 11/13/2016	816 436 3550

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

MO 580-1361 (6-10) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-114

Airgas USA LLC (LAB)
3500 Bernard Street
St Louis, Mo 63103
Ph (314) 533-3100
Fax. (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 6-Aug-2014

Lot # AG421804

Exp. Date	Cyl. Type	Component	Certified Concentration
6-Aug-2016	108	Ethanol	0.080 ± 0.002 BrAC (218 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: 2014.08.06 17:38:54 -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

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00256

Temp	Date	Time	210L

Air Blank:
03/30/16 21:07 .000
Calibration Check:
20 03/30/16 21:07 .082

Subject Name
Acc Check

Subject I.D.

Operator Name, I.D.
Bailey 240385

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00257

Temp	Date	Time	210L

Air Blank:
03/30/16 21:09 .000
Calibration Check:
21 03/30/16 21:09 .082

Subject Name

Subject I.D.

Operator Name, I.D.
Bailey

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00259

Temp	Date	Time	210L

VOID: RPI
12 03/30/16 21:11

Subject Name

Subject I.D.

Operator Name, I.D.
Bailey

Location

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 00258

Temp	Date	Time	210L

Air Blank:
03/30/16 21:10 .000
Calibration Check:
22 03/30/16 21:10 .081

Subject Name

Subject I.D.
Bailey

Operator Name, I.D.

Location

[redacted]