



RECEIVED

By Carol Day at 10:40 am, Feb 04, 2016

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 107997	PRINTER SN 099.3586.792	DATE OF INSPECTION 02/03/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 11:21 pm

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 LOT # AG525701 EXP. DATE 09/14/2017
- 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 .102	TEST 2 .101	TEST 3 .100
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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)	4	(.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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jared Dotson
TYPE II PERMIT NUMBER/EXPIRATION DATE 250156 / 07-22-17	TELEPHONE NUMBER (573) 875-1111

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: 107997
Version no: 532B

TEST RECORD 00161

Temp Date Time 210L
s/

Air Blank: 02/03/16 23:01 .000
Calibration Check: 19 02/03/16 23:01 .102

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
DOTSON 250156
Location
2111 County Drive
Columbia

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00162

Temp Date Time 210L
s/

Air Blank: 02/03/16 23:03 .000
Calibration Check: 21 02/03/16 23:03 .101

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
DOTSON 250156
Location
2111 County Drive
Columbia

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00163

Temp Date Time 210L
s/

Air Blank: 02/03/16 23:04 .000
Calibration Check: 22 02/03/16 23:04 .100

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
DOTSON 250156
Location
2111 County Drive
Columbia

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00164

Temp Date Time 210L
s/

VOID: RPI
12 02/03/16 23:05

Subject Name
Maintenance
Subject I.D.

Operator Name, I.D.
DOTSON 250156
Location
2111 County Drive
Columbia



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



PERMIT
TYPE II

JARED DOTSON

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 7/22/2015

NUMBER 250156

EXPIRES 7/22/2017

MO-389-0771-18-181

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4-185-181

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The owner/possessor is authorized to operate the instrument and to use the instrument for the determination of the alcoholic content in breath form of expired air of a vehicle.

Operator: **DOTSON, JARED**
Permit No: **250156**
Date Issued: **7/22/2015** Date Expires: **7/22/2017**

Airgas

Airgas USA, LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7928

Certificate of Analysis

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

Test Date: 15-Sep-2015

Lot # AG525701 Model 108caad

Exp. Date
14-Sep-2017

CYL Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010981	391.8 ppm	EB0010503	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010585	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010684	52.22 ppm	EB0010575	52.94 ppm

Analytical Method: NDIR

Digitally signed by Gough, Conrad
Reason: My per standard certification of analysis
Location: Aliga USA LLC (Lab)

Analyst: *[Signature]*

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01