



**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 04/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 4:38 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 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  .100	TEST 2  .100	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	0	(0-.04)	0	(.05-.09)	4	(.10-.14)	5	(.15-.19)	2	(OVER .19)	1
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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 07/22/2017	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: 187997  
Version no: 532B

TEST RECORD 00212  
s/  
Temp Date Time 210L

Air Blank: 04/01/16 04:38 .000  
Calibration Check: 26 04/01/16 04:38 .100

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2111 COUNTY DRIVE

COLUMBIA

AS IV Serial no: 187997  
Version no: 532B

TEST RECORD 00213  
s/  
Temp Date Time 210L

Air Blank: 04/01/16 04:39 .000  
Calibration Check: 26 04/01/16 04:39 .100

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2111 COUNTY DRIVE

COLUMBIA

AS IV Serial no: 187997  
Version no: 532B

TEST RECORD 00214  
s/  
Temp Date Time 210L

Air Blank: 04/01/16 04:41 .000  
Calibration Check: 26 04/01/16 04:41 .100

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
DOTSON 250156  
Location  
2111 COUNTY DRIVE

COLUMBIA

AS IV Serial no: 187997  
Version no: 532B

TEST RECORD 00215  
s/  
Temp Date Time 210L

VOID: RFI  
12 04/01/16 04:43

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

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**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250156

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 7/22/2017

MO 580-0771 (5-10)

LAB-4 (16-10)

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

**INSTRUMENT OPERATOR CARD**

The named contributor 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 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) 533-7328

Certificate of Analysis

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

Test Date: 15-Sep-2015

Lot # AG525701 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
14-Sep-2017	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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  
DN: cn=2015.09.15 16:04:10 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst:   
Rod Marsala

ISQ 17025:2005 A2LA accredited. Certificate Number 2989.01