



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 2:29 pm, Jul 05, 2016

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<br>107997 | PRINTER SN<br>099.3586.792 | DATE OF INSPECTION<br>07/01/2016 |
|-----------------------------|----------------------------|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>2111 County Drive Columbia | TIME OF INSPECTION<br>8:39 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**

|   |  |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION   | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG525701</u> EXP. DATE <u>09/14/2017</u> |  |
| <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  .100 | TEST 2  .099 | TEST 3  .099 |
|--------------|--------------|--------------|

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 | 2 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 2 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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<br>  | PRINT NAME<br>Jared Dotson         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>250156 07/22/2017 | TELEPHONE NUMBER<br>(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 00277

Temp Date Time 210L  
9/  
Air Blank: 07/01/16 20:39 .000  
Calibration Check: 26 07/01/16 20:39 .100

Subject Name  
Maintenance  
Subject I.D.

Operator Name: I.D.

DOTSON ASOISTE

Location

2111 County Drive

Columbia

AS IV Serial no: 107997  
Version no: 532B

TEST RECORD 00278

Temp Date Time 210L  
9/  
Air Blank: 07/01/16 20:41 .000  
Calibration Check: 27 07/01/16 20:41 .099

Subject Name  
Maintenance  
Subject I.D.

Operator Name: I.D.

DOTSON ASOISTE

Location

2111 County Drive

Columbia

AS IV Serial no: 107997  
Version no: 532B

TEST RECORD 00279

Temp Date Time 210L  
9/  
Air Blank: 07/01/16 20:42 .000  
Calibration Check: 27 07/01/16 20:42 .099

Subject Name  
Maintenance  
Subject I.D.

Operator Name: I.D.

DOTSON ASOISTE

Location

2111 County Drive

Columbia

AS IV Serial no: 107997  
Version no: 532B

TEST RECORD 00280

Temp Date Time 210L  
9/  
VOID: RFI  
12 07/01/16 20:43

Subject Name  
Maintenance  
Subject I.D.

Operator Name: I.D.

DOTSON ASOISTE

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 DM1**

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 88-971 (8-10)

*W. V. ...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Shel Vukobrat*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LS-4 (8-8-10)

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

The named candidate is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content of a person from a expired air in Missouri.

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



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 553-3100  
Fax: (314) 553-7928

**Certificate of Analysis**

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

Test Date: 15-Sep-2015

Lot # AG525701 Model 108caoc

Exp. Date  
14-Sep-2017

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

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

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

| Serial No. | Concentration | Serial No. | Concentration |
|------------|---------------|------------|---------------|
| EB0010581  | 391.8 ppm     | EB0010563  | 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     |
| EB0010581  | \$2.22 ppm    | EB0010579  | 52.94 ppm     |

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2015.09.15 15:02:10 -0500  
Location: Airgas USN LLC (Lab)

Analyst: *Rod Marsala*  
Rod Marsala

ISO 17025:2005 AZLA accredited. Certificate Number 2989.01