



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

RECEIVED

REPORT #7

By Carol Day at 1:31 pm, Mar 11, 2016

Complete this report in duplicate at the time of the regular monthly preventive 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 ST. LOUIS CO PD 108388	PRINTER SN 0963580870	DATE OF INSPECTION 03/09/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. HOLDEN ST (MSC) WARRENSBURG		TIME OF INSPECTION 1405

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	OK
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	OK
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	OK
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	OK

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER	INTOXIMETERS LOT # AG421804 EXP. DATE 8/6/2016
<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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1	.077	TEST 2	.076	TEST 3	.077
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RFI DETECTOR OPERATING OK

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)
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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).

REPLACED SAMPLING VALVE CAPACITOR.
 VERIFIED CALIBRATION.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME ROBERT WELSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 250122 06/03/2017	TELEPHONE NUMBER 6605434597

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: 100388
Version no: 532B

TEST RECORD 00263

Temp Date Time 210L ^{s/}

Air Blank:
03/09/16 14:09 .000
Calibration Check:
23 03/09/16 14:09 .077

Subject Name

TEST #1

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 100388
Version no: 532B

TEST RECORD 00264

Temp Date Time 210L ^{s/}

Air Blank:
03/09/16 14:11 .000
Calibration Check:
24 03/09/16 14:11 .076

Subject Name

TEST #2

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 100388
Version no: 532B

TEST RECORD 00266

Temp Date Time 210L ^{s/}

Air Blank:
03/09/16 15:09 .000
Calibration Check:
23 03/09/16 15:09 .077

Subject Name

TEST #3

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 100388
Version no: 532B

TEST RECORD 00267

Temp Date Time 210L ^{s/}

VOID: RFI
12 03/09/16 15:13

Subject Name

RFI

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location

AS IV Serial no: 100388
Version no: 532B

TEST RECORD 00262

Temp Date Time 210L ^{s/}

Air Blank:
03/09/16 14:05 .000
Subject Test: Auto
22 03/09/16 14:05 .000

Subject Name

BLANK

Subject I.D.

WELSH 250122

Operator Name, I.D.

MSC

Location



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

<u>Exp. Date</u> 6-Aug-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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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
 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



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

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PERMIT
TYPE II
ROBERT W WELSH

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

**DATAMASTER, INTOX DMT, INTOXILYZER 5000, INTOXILYZER
 8000, ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

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 6/3/2015

NUMBER 250122

EXPIRES 6/3/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

MO 580-0771 (6-10)

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 in breath form of expired air in Missouri.

Operator WELSH, ROBERT
 Permit No 250122
 Date Issued 6/3/2015 Date Expires 6/3/2017