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By Carol Day at 4:26 pm, Feb 22, 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 |
|---|---|---|
| 108389 JOPLIN PD | 099-3586-804 | 02/22/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 1200 S. HOLDEN ST. WARRENSBURG | | 1412 |

**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) OK
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C) OK
- [x] PRINTER WORKING PROPERLY OK
- [x] TIME AND DATE DISPLAYING PROPERLY OK

**BREATH ALCOHOL ACCURACY STANDARDS**

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

- [x] STANDARD SUPPLIER INTOXIMETERS LOT # AG514005 EXP. DATE 05/20/2017

- [ ] 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)
  - [x] 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 | TEST 2 | TEST 3 |
|---|---|---|
| 0.099 | 0.098 | 0.098 |

- [x] 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) |
|---|---|---|---|---|---|
| — | — | — | — | — | — |

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 |
|---|---|
| [signature] | ROBERT WELSH |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 250122 06/03/2017 | 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


AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 108389
Version no: 532B

TEST RECORD 00418

| Temp | Date | Time | 9/ 210L |
|---|---|---|---|

Air Blank:
02/22/16 14:12 .000
Subject Test: Auto
22 02/22/16 14:12 .000

Subject Name
BLANK TEST

Subject I.D.
WELSH

Operator Name, I.D.
250122

Location
MSC

AS IV Serial no: 108389
Version no: 532B

TEST RECORD 00419

| Temp | Date | Time | 9/ 210L |
|---|---|---|---|

Air Blank:
02/22/16 14:14 .000
Calibration Check:
23 02/22/16 14:14 .099

Subject Name
TEST 1

Subject I.D.
WELSH

Operator Name, I.D.
250122

Location
MSC

AS IV Serial no: 108389
Version no: 532B

TEST RECORD 00420

| Temp | Date | Time | 9/ 210L |
|---|---|---|---|

Air Blank:
02/22/16 14:16 .000
Calibration Check:
24 02/22/16 14:16 .098

Subject Name
TEST 2

Subject I.D.
WELSH

Operator Name, I.D.
250122

Location
MSC

AS IV Serial no: 108389
Version no: 532B

TEST RECORD 00421

| Temp | Date | Time | 9/ 210L |
|---|---|---|---|

Air Blank:
02/22/16 14:18 .000
Calibration Check:
24 02/22/16 14:18 .098

Subject Name
TEST 3

Subject I.D.
WELSH

Operator Name, I.D.
250122

Location
MSC

AS IV Serial no: 108389
Version no: 532B

TEST RECORD 00422

| Temp | Date | Time | 9/ 210L |
|---|---|---|---|

VOID: RFI
12 02/22/16 14:21

Subject Name
RFI

Subject I.D.
WELSH

Operator Name, I.D.
250122

Location
MSC

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:** 22-May-2015

## Lot # AG514005

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 20-May-2017 | 108 | Ethanol | 0.100 ± 2% BrAC (272 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: 2015.05.26 10:32:40 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

*ISO 17025:2005 A2LA accredited. Certificate Number 2989.01*

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

# 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

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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