



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 108389	PRINTER SN 099.3586.804	DATE OF INSPECTION 08/02/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St, Joplin, MO 64801		TIME OF INSPECTION 5:12 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 # AG612403 EXP. DATE 01/03/2018

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

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	3	(0-.04)	0	(.05-.09)	2	(.10-.14)	6	(.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

TYPE ID PERMIT NUMBER/EXPIRATION DATE

260219/ 05/05/2018

PRINT NAME

JARED SWANN

TELEPHONE NUMBER

(417) 623-3131

**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



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:** 4-May-2016

**Lot # AG612403 Model 30cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Jan-2018	30	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  
Date: 2016.05.05 09:55:55 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Yusef Woods

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**

**JARED S SWANN**

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, INTOXILYZER 8000**

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 5/5/2016

NUMBER 260219

EXPIRES 5/5/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-680-0771 (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 SWANN, JARED  
 Permit No 260219  
 Date Issued 5/5/2016 Date Expires 5/5/2018

AS IV Serial no: 108389  
Version no: 532B

AS IV Serial no: 108389  
Version no: 532B

TEST RECORD 00510

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/02/16 17:13 .000  
Calibration Check:  
26 08/02/16 17:13 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, J 0985

Location

Joplin Jail

AS IV Serial no: 108389  
Version no: 532B

TEST RECORD 00511

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/02/16 17:14 .000  
Calibration Check:  
26 08/02/16 17:14 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, J 0985

Location

Joplin Jail

TEST RECORD 00512

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/02/16 17:16 .000  
Calibration Check:  
27 08/02/16 17:16 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, J 0985

Location

Joplin Jail

AS IV Serial no: 108389  
Version no: 532B

TEST RECORD 00513

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 08/02/16 17:17

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, J 0985

Location

Joplin Jail