



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

FORM#7

**RECEIVED**

By Carol Day at 3:44 pm, May 04, 2016

Complete this report in duplicate at the time of the regular monthly preventive maintenance. Send copy to Department of Health and Senior Services; retain original.

ALCO SENSOR IV SN 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 05-03-2016
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST SAINT JOSEPH, MISSOURI 64501		TIME OF INSPECTION 0125

**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 (1 O-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 # AG428002 EXP. DATE 10-07-2016

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 w- .100	TEST 2 w- .099	TEST 3 w- .099
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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)	2	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	(OVER.19)	3
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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 BRAD KERNS
TYPE 11 PERMIT NUMBER/EXPIRATION DATE 250129 EXP. 06-08-2017	TELEPHONE NUMBER (816) 271-5359

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  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Test Date: 8-Oct-2014

Lot # AG428002

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
7-Oct-2016	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  
 Date: 2014.10.08 12:15:00 -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

AS IV Serial no: 109482  
Version no: 5328

TEST RECORD 00287

Temp Date Time 210L s/

Air Blank:  
05/03/16 01:25 .000  
Calibration Check:  
20 05/03/16 01:25 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 109482  
Version no: 5328

TEST RECORD 00288

Temp Date Time 210L s/

Air Blank:  
05/03/16 01:32 .000  
Calibration Check:  
21 05/03/16 01:32 .059

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 109482  
Version no: 5328

TEST RECORD 00289

Temp Date Time 210L s/

Air Blank:  
05/03/16 01:34 .000  
Calibration Check:  
22 05/03/16 01:34 .059

Subject Name

Subject I.D.

Operator Name, I.D.

AS IV Serial no: 109482  
Version no: 5328

TEST RECORD 00290

Temp Date Time 210L s/

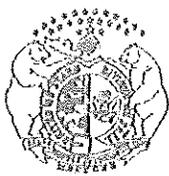
Air Blank:  
12 05/03/16 01:41

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT  
 TYPE II**

**BRAD KERNS**

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 EC/IR II, ALCO-SENSOR IV W/PRINTER**

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 6/8/2015

NUMBER 250129

EXPIRES 6/8/2017

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (68-10)



**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 KERNS, BRAD  
 Permit No 250129  
 Date Issued 6/8/2015 Date Expires 6/8/2017