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

**RECEIVED**
**By Carol Day at 2:30 pm, Feb 19, 2016**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preven d.
Send copy to Department of Health and Senior Services; retain original in department file.

| ALCO SENSOR IV SN | PRINTER SN | DATE OF INSPECTION |
|---|---|---|
| 110743 | 95.1111.053 | 02-11-2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 501 Faraon St, Joseph | | 1348 |

**CHECKLIST:** Place a mark in the box by each item it 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)
- [x] TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER Intoximeters LOT # AG428002 EXP. DATE 10-07-2016
- [ ] 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 - .105 | TEST 2 - .103 | TEST 3 - .102 |
|---|---|---|

- [x] 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 1 | 0 |

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 |
|---|---|
| | Scott Gary |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 250127 06-08-17 | 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

**Test Date:** 8-Oct-2014

**Customer Name**
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

## Lot # AG428002

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|---|---|---|---|
| 7-Oct-2016 | 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: 2014.10.08 12:16:00 -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*

TU Serial no: 110743
Version no: 5323

TEST RECORD 00234

| Name | Date | Time | 210L |
|---|---|---|---|
| RMI | | | |
| 17 | 02/11/16 | 13:48 | |

Subject Name

Operator Name, I.D.

Position

Serial no: 110743
no: 5323

| Name | Date | Time | 210L |
|---|---|---|---|
| Blank: | | | |
| | 02/11/16 | 13:56 | .000 |
| Calibration Check: | | | |
| | 02/11/16 | 13:56 | |

Subject Name

Subject I.D.

Operator Name, I.D.

TU Serial no: 110743
Version no: 5323

TEST RECORD 00236

| Name | Date | Time | 210L |
|---|---|---|---|
| Min Blank: | | | |
| | 02/11/16 | 13:59 | .000 |
| Calibration Check: | | | |
| | 02/11/16 | 13:59 | .103 |

Subject Name

Subject I.D.

Operator Name, I.D.

Position

Serial no: 110743
Version no: 5323

RECORD 00237

| Name | Date | Time | |
|---|---|---|---|
| Min Blank: | | | |
| | 02/11/16 | 14:02 | .000 |
| Calibration Check: | | | |
| | 02/11/16 | 14:02 | .102 |

Subject Name

Operator Name, I.D.

Position

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

# PERMIT

## TYPE II

## SCOTT GARY

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 250127

EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB 4 (R0-10)

**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** GARY, SCOTT
**Permit No** 250127
**Date Issued** 6/8/2015 **Date Expires** 6/8/2017