



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 111334	PRINTER SN 099.3586.576	DATE OF INSPECTION 04/07/2016
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 303 E. 3rd Joplin	TIME OF INSPECTION 3:06 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 # AG602502

EXP. DATE 09/25/2017

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 0.078% and 0.084% INCLUSIVE

0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .098

TEST 2 ← .097

TEST 3 ← .097

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) 0

(.05-.09) 0

(.10-.14) 0

(.15-.19) 0

(OVER .19) 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  
*Shelby Howard*

PRINT NAME  
Shelby Howard

TYPE II PERMIT NUMBER EXPIRATION DATE  
250188 08/18/2017

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

AS IU Serial no: 111334  
Version no: 532B

TEST RECORD 00007

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

Air Blank:  
04/07/16 15:06 .000  
Calibration Check:  
21 04/07/16 15:06 .098

Subject Name

Subject I.D.

Operator Name, I.D.

S. Howard 5488

Location

JPD

AS IU Serial no: 111334  
Version no: 532B

TEST RECORD 00008

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

Air Blank:  
04/07/16 15:07 .000  
Subject Test: Man  
22 04/07/16 15:07 .097

Subject Name

Subject I.D.

Operator Name, I.D.

S. Howard 5488

Location

JPD

AS IU Serial no: 111334  
Version no: 532B

TEST RECORD 00009

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

Air Blank:  
04/07/16 15:08 .000  
Subject Test: Man  
23 04/07/16 15:08 .097

Subject Name

Subject I.D.

Operator Name, I.D.

S. Howard 5488

Location

JPD

AS IU Serial no: 111334  
Version no: 532B

TEST RECORD 00010

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

VOID: RFI  
12 04/07/16 15:10

Subject Name

Subject I.D.

Operator Name, I.D.

S. Howard 5488

Location

JPD



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:** 26-Jan-2016

**Lot #** AG602502 **Model** 30cacc

**Exp. Date**

25-Sep-2017

**Cyl. Type**

30

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

**Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

391.8 ppm

259.8 ppm

209.0 ppm

103.7 ppm

52.22 ppm

**Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

392.5 ppm

258.9 ppm

208.9 ppm

104.9 ppm

52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2016.01.26 14:14:08 -06 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

2

**PERMIT**  
**TYPE II**  
**SHELBY HOWARD**

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.

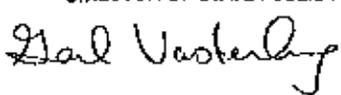
DATE 8/18/2015

NUMBER 250188

EXPIRES 8/18/2017

MO 680-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-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 HOWARD, SHELBY  
 Permit No 250188  
 Date Issued 8/18/2015 Date Expires 8/18/2017