



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

RECEIVED
 By Carol Day at 5:21 pm, Aug 16, 2016

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 111674 (MSHP)	PRINTER SN 09B.3589.459	DATE OF INSPECTION 08/16/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden Street Warrensburg		TIME OF INSPECTION 9:02 am

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 # AG535002 EXP. DATE 12/16/2017

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 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → 0.078

TEST 2 → 0.077

TEST 3 → 0.077

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
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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).

New Instrument assigned to MSHP Troop A.

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Dan Lucas
TYPE II PERMIT NUMBER/EXPIRATION DATE 250138 06/15/2017	TELEPHONE NUMBER (660) 543-4573

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 IV Serial no: 111674
Version no: 532B

TEST RECORD 00003

Temp	Date	Time	g/ 210L
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Air Blank:
08/16/16 09:02 .000
Calibration Check:
24 08/16/16 09:02 .078

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

DAN LUCAS 250138

Location EXP: 06/15/2017

1200 South Holden Street

Warrensburg, MO 64093

AS IV Serial no: 111674
Version no: 532B

TEST RECORD 00004

Temp	Date	Time	g/ 210L
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Air Blank:
08/16/16 09:05 .000
Calibration Check:
24 08/16/16 09:05 .077

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

DAN LUCAS 250138

Location EXP: 06/15/2017

1200 South Holden Street

Warrensburg, MO 64093

AS IV Serial no: 111674
Version no: 532B

TEST RECORD 00005

Temp	Date	Time	g/ 210L
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Air Blank:
08/16/16 09:07 .000
Calibration Check:
24 08/16/16 09:07 .077

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

DAN LUCAS 250138

Location EXP: 06/15/2017

1200 South Holden Street

Warrensburg, MO 64093

AS IV Serial no: 111674
Version no: 532B

TEST RECORD 00006

Temp	Date	Time	g/ 210L
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VOID: RFI
12 08/16/16 09:09

Subject Name

RFI

Subject I.D.

Test

Operator Name, I.D.

DAN LUCAS 250138

Location EXP: 06/15/2017

1200 South Holden Street

Warrensburg, MO 64093

AS IV Serial no: 111674
Version no: 532B

TEST RECORD 00007

Temp	Date	Time	g/ 210L
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Air Blank:
08/16/16 09:11 .000
Subject Test: Auto
24 08/16/16 09:11 .000

Subject Name

Blank

Subject I.D.

Test

Operator Name, I.D.

DAN LUCAS 250138

Location EXP: 06/15/2017

1200 South Holden Street

Warrensburg, MO 64093



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: 21-Dec-2015

Lot # AG535002 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
16-Dec-2017	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	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: 2015.12.21 14:02:23 -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



**PERMIT
 TYPE II**

DAN R LUCAS

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, INTOX 8000, INTOX EC/IR II, ASIV 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 6/15/2015

NUMBER 250138

EXPIRES 6/15/2017

MO 980-0771 (6-10)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)