



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:45 am, Jan 13, 2020

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 062092	PRINTER SN 03A.2436.036	DATE OF INSPECTION 01/08/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064	TIME OF INSPECTION 12:57 am
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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) 25°

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG805203 EXP. DATE 02/21/2020

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 .102

TEST 2 .101

TEST 3 .101

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	6	(.0-.04)	0	(.05-.09)	2	(.10-.14)	3	(.15-.19)	2	(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).

Instrument meets all DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE C. Love #32

PRINT NAME
C. Love #32

TYPE II PERMIT NUMBER/EXPIRATION DATE
280218-06/28/2020

TELEPHONE NUMBER
(816) 524-4302

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: 26-Feb-2018

Lot # AG805203 Model 108caccd

Exp. Date

21-Feb-2020

Cyl. Type

108

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

392.1 ppm
259.8 ppm
208.0 ppm
103.6 ppm
52.12 ppm

Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

393.0 ppm
258.2 ppm
208.3 ppm
104.2 ppm
52.81 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2018.02.26 10:16:13 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

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
COLLIN A LOVE

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

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 6/27/2018

NUMBER 280218

EXPIRES 6/27/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 LOVE, COLLIN
Permit No 280218
Date Issued 6/27/2018 Date Expires 6/27/2020

AS IV Serial no: 062092
Version no: 532B
TEST RECORD 01389 s/
Temp Date Time 210L
Air Blank: 01/08/20 00:46 .000
Calibration Check: 26 01/08/20 00:46 .101
Subject Name Monthly Maint
Subject I.D. _____
Operator Name, I.D. LOVE 280218
Location JCSO G4A

AS IV Serial no: 062092
Version no: 532B
TEST RECORD 01390 s/
Temp Date Time 210L
Air Blank: 01/08/20 00:48 .000
Calibration Check: 27 01/08/20 00:48 .101
Subject Name Monthly Maint
Subject I.D. _____
Operator Name, I.D. LOVE 280218
Location JCSO G4A

AS IV Serial no: 062092
Version no: 532B
TEST RECORD 01391 s/
Temp Date Time 210L
VOID: RFI 12 01/08/20 00:51
Subject Name Monthly Maint
Subject I.D. _____
Operator Name, I.D. LOVE 280218
Location JCSO G4A

AS IV Serial no: 062092
Version no: 532B
TEST RECORD 01388 s/
Temp Date Time 210L
Air Blank: 01/08/20 00:43 .000
Calibration Check: 26 01/08/20 00:43 .102
Subject Name Monthly Maint
Subject I.D. _____
Operator Name, I.D. LOVE 280218
Location JCSO G4A