



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

**RECEIVED**  
 By Tracy Crews at 9:21 am, Jan 02, 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<br>087970   | PRINTER SN<br>08c.3527.187 | DATE OF INSPECTION<br>01/02/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>9701 Marion Park Dr. KCMO 64137 |                            | TIME OF INSPECTION<br>3:42 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**

|  |  |
|--|--|
| <input type="checkbox"/> SIMULATOR SOLUTION                    | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG905605</u> EXP. DATE <u>02/25/2021</u>                  |
| <input type="checkbox"/> 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)

|   |
|---|
| <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE            |
| <input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE            |

|                |                |                |
|----------------|----------------|----------------|
| TEST 1 ← 0.080 | TEST 2 ← 0.079 | TEST 3 ← 0.079 |
|----------------|----------------|----------------|

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) | 2 | (.10-.14) | 1 | (.15-.19) | 5 | (OVER .19) | 2 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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.

|   |                                    |
|---|------------------------------------|
| <b>INSPECTING OFFICER</b>                                   |                                    |
| SIGNATURE<br>   | PRINT NAME<br>Douglas Davidson     |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>2900871/04/22/2021 | TELEPHONE NUMBER<br>(816) 234-5000 |

**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: 087970  
Version no: 532B

TEST RECORD 00225  
Temp Date Time <sup>a/</sup> 210L

Air Blank:  
01/02/20 03:38 .000  
Calibration Check:  
22 01/02/20 03:38 .099

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

Location

Davidson 290087

AS IV Serial no: 087970  
Version no: 532B

TEST RECORD 00226  
Temp Date Time <sup>a/</sup> 210L

Air Blank:  
01/02/20 03:41 .000  
Calibration Check:  
24 01/02/20 03:41 .079

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

Location

Davidson 290087

AS IV Serial no: 087970  
Version no: 532B

TEST RECORD 00227  
Temp Date Time <sup>a/</sup> 210L

Air Blank:  
01/02/20 03:43 .000  
Calibration Check:  
24 01/02/20 03:43 .079

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

Location

Davidson 290087

AS IV Serial no: 087970  
Version no: 532B

TEST RECORD 00228  
Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 01/02/20 03:45

Subject Name

RFI Test  
Subject I.D.

Operator Name, I.D.

Location

Davidson 290087



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

**PERMIT**  
TYPE II

**DOUGLAS DAVIDSON**



Airgas USA LLC (LAs)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

**Certificate of Analysis**

Test Date: 26-Feb-2019

Customer Name  
Exclusive Supplier  
Inoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG905605 Model 108cacc

| Exp. Date   | CYL Type | Component | Certified Concentration       |
|-------------|----------|-----------|-------------------------------|
| 25-Feb-2021 | 108      | Ethanol   | 0.082 ± 0.002 BIA-C (233 ppm) |
|             |          | Nitrogen  | Balance                       |

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010595      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010681      | 52.12 ppm     | EB0010579      | 52.81 ppm     |
| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056662        | 150.2 ppm     |

Analytical Method: NDIR

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 from expired air in Missouri.

Operator: **DAVIDSON, DOUGLAS**  
Permit No: **200107**  
Date Issued: **4/22/2019** Date Expires: **4/22/2021**

Digitally signed by Quality Control  
Date: 2019.02.26 14:34:45 -0600  
DN: cn=Quality Control, o=Airgas USA LLC (LAs)

Approved for Release:

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07