



RECEIVED

By Tracy Crews at 12:08 pm, Aug 14, 2020

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 094804	PRINTER SN 097.3584.334	DATE OF INSPECTION 08/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City		TIME OF INSPECTION 3:57 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 # AG905605 EXP. DATE 02/25/2021

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 ← .080

TEST 2 ← .081

TEST 3 ← .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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

TESTED AND CERTIFIED

INSPECTING OFFICER

SIGNATURE

[Handwritten Signature] PF 5771 280275 09/05/2020

PRINT NAME

Jeremy White

TYPE II PERMIT NUMBER/EXPIRATION DATE

280275 09/05/2020

TELEPHONE NUMBER

(816) 482-8141

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: 094804
Version no: 532B

TEST RECORD 00614

Temp Date Time ^{g/} 210L

Air Blank:
09/01/20 15:43 .000
Calibration Check:
30 09/01/20 15:43 .000

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

White 5771 280275
09/05/2020

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00615

Temp Date Time ^{g/} 210L

Air Blank:
09/01/20 15:45 .000
Calibration Check:
30 09/01/20 15:45 .001

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

White 5771 280275
09/05/2020

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00616

Temp Date Time ^{g/} 210L

Air Blank:
09/01/20 15:47 .000
Calibration Check:
30 09/01/20 15:47 .079

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

White 5771 280275
09/05/2020

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00617

Temp Date Time ^{g/} 210L

Air Blank:
12/01/20 15:49

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

White 5771 280275
09/05/2020

Location



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



**PERMIT
TYPE II**

JEREMY A. WHITE

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 9/5/2018
NUMBER 280275
EXPIRES 9/5/2020
MO 560-0771 (8-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (85-10)

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 alcohol in Missouri.

Operator: WHITE, JEREMY
Date Issued: 9/5/2018 Date Expires: 9/5/2020



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-2019

Lot # AG905605 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
25-Feb-2021	108	Ethanol	0.082 ± 0.002 BrAC (223 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

Digitally signed by Quality Control
Date: 2018.02.26 14:34:45 -0600
Reason: Dry gas standard certification of analysts
Location: Airgas USA LLC (Lab)

Approved for Release:

[Signature]
Rod Marsala

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