



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

RECEIVED

By Tracy Crews at 12:31 pm, Dec 17, 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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 12/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Harrisonville PD 205 N. Lexington Harrisonville		TIME OF INSPECTION 6:09 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG911506</u> EXP. DATE <u>04/25/2021</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)
 - 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 .080	TEST 3 .080
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- 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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Michael Davis
TYPE II PERMIT NUMBER/EXPIRATION DATE 200222 08-13-2022	TELEPHONE NUMBER (816) 380-8940

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME TEST		DATE OF TEST 12 13 20
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 097430	PRINTER SERIAL NO. 896.3580.928	LOCATION OF INSTRUMENT HPD
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC .080
As set forth in the rules promulgated by the Department of Health and Senior Service ; related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR MICHAEL DAVES	PERMIT NO. 200222	EXPIRATION DATE 08 13 22
WITNESS (IF ANY)	DATE 12 15 20	

Case Number :

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00778

Temp	Date	Time	g/L
	12/13/20	18:39	.000
	22 12/13/20	18:39	.000

Air Blank:
 12/13/20 18:39 .000

Calibration Check:
 22 12/13/20 18:39 .000

Subject Name
TEST 1

Subject I.D.

Operator Name, I.D.

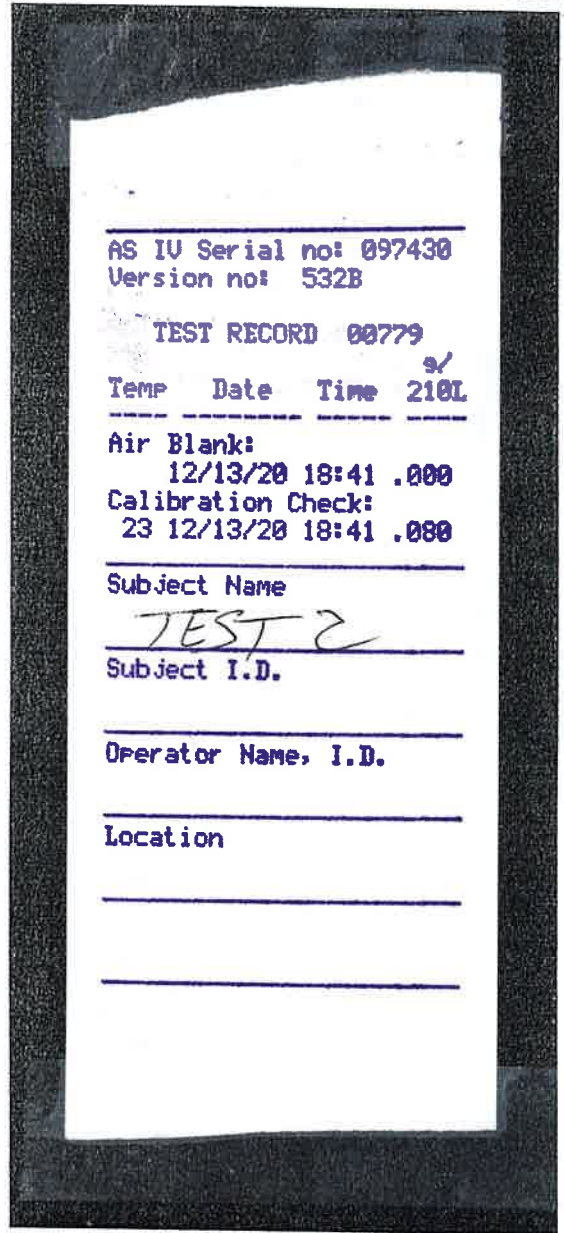
Location

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NAME OF OPERATOR MICHAEL DAVES	PERMIT NO. 200222	EXPIRATION DATE 08 13 22
WITNESS (IF ANY)		DATE 12 13 20

Case Number : _____



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NAME OF OPERATOR MICHAEL DAVES	PERMIT NO. 200222	EXPIRATION DATE 08 13 22
WITNESS (IF ANY)	DATE 12 13 20	

Case Number : _____

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00780

Temp	Date	Time	9/
	12/13/20	18:43	.000
	24 12/13/20	18:43	.000

Air Blank:
 12/13/20 18:43 .000
Calibration Check:
 24 12/13/20 18:43 .000

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

Location

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME RFI TEST		DATE OF TEST 12/13/20
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 097430	PRINTER SERIAL NO. 0916.3580.428	LOCATION OF INSTRUMENT HPD
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC RFI
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NAME OF OPERATOR MICHAEL DAVIS	PERMIT NO. 200222	EXPIRATION DATE 08/13/22
WITNESS (IF ANY)	DATE 12/13/20	

Case Number : _____

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00781

Temp	Date	Time	210L
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VOID: RFI
12/13/20 18:46

Subject Name
RFI TEST

Subject I.D.

Operator Name, I.D.

Location



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: 30-Apr-2019

Lot # AG911506 Model 108cacc

<u>Exp. Date</u> 25-Apr-2021	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
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: 2019.04.30 10:50:52 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

 Rod Marsala

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



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



PERMIT
TYPE II
MICHAEL DAVIS

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, INTOX EC/IR II

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 8/13/2020

NUMBER 200222

EXPIRES 8/13/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 DAVIS, MICHAEL
 Permit No 200222
 Date Issued 8/13/2020 Date Expires 8/13/2022

