



**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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 11/11/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701		TIME OF INSPECTION 5:55 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 # AG911506 EXP. DATE 04-25-2021

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 → 0.80

TEST 2 → 0.080

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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

N/A

**INSPECTING OFFICER**

SIGNATURE  
▶ *Brian Kincaide* #258

PRINT NAME  
Brian C. Kincaide

TYPE II PERMIT NUMBER/EXPIRATION DATE  
290035 2/13/2021

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

AS IU Serial no: 097430  
Version no: 532B

TEST RECORD 00772

Temp Date Time 210L 9/

Air Blank:

11/11/20 05:55 .000

Calibration Check:  
22 11/11/20 05:55 .080

Subject Name

MAINT Test # 1

Subject I.D.

Operator Name, I.D.

WPO

Location

AS IU Serial no: 097430  
Version no: 532B

TEST RECORD 00773

Temp Date Time 210L 9/

Air Blank:

11/11/20 05:57 .000

Calibration Check:  
23 11/11/20 05:57 .080

Subject Name

MAINT Test # 2

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 097430  
Version no: 532B

TEST RECORD 00774

Temp Date Time 210L 9/

Air Blank:

11/11/20 05:58 .000

Calibration Check:  
23 11/11/20 05:58 .079

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 097430  
Version no: 532B

TEST RECORD 00775

Temp Date Time 210L 9/

VOID: RFI

12 11/11/20 06:00

Subject Name

RFI Check

Subject I.D.

Operator Name, I.D.

Location



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



PERMIT  
TYPE II

BRIAN C KINCAIDE

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: 2/13/2019

NUMBER 290035

EXPIRES 2/13/2021

MO:589-D771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-116-10E



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 KINCAIDE, BRIAN  
Permit No 290035  
Date issued 2/13/2019 Date Expires 2/13/2021





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 108cadd

<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
---------------------------------	-------------------------	---	---

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

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00763

Temp Date Time 210L  
%/  
Air Blank: 09/10/20 23:25 .000

Calibration Check: 21 09/10/20 23:25 .080

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D. *Bruce Kincaid*

Location *HPD*

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00764

Temp Date Time 210L  
%/  
Air Blank: 09/10/20 23:27 .000

Calibration Check: 22 09/10/20 23:27 .080

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D. *Bruce Kincaid*

Location *HPD*

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00765

Temp Date Time 210L  
%/  
Air Blank: 09/10/20 23:29 .000

Calibration Check: 22 09/10/20 23:29 .080

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D. *Bruce Kincaid*

Location *HPD*

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00766

Temp Date Time 210L  
%/  
VOID: RFI

12 09/10/20 23:31

Subject Name

Test # RFI

Subject I.D.

Operator Name, I.D. *Bruce Kincaid*

Location *HPD*