



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 100289	PRINTER SN 093.3563.017	DATE OF INSPECTION 01/03/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City	TIME OF INSPECTION 5:32 pm
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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)

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 .079

TEST 2 .080

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	1	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	1	(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

PRINT NAME
Jordan Infranca

TYPE II PERMIT NUMBER/EXPIRATION DATE
290130/ 06/21/2021

TELEPHONE NUMBER
(816) 382-5897

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

46 IU Serial no: 180289
Version no: 532B

TEST RECORD 00303

Temp Date Time 210L
Air Blank: 01/03/20 19:51 .000
Calibration Check: 25 01/03/20 19:51 .070

Subject Name

Test # 1

Subject I.D.

Inference 290130

Operator Name, I.D.

Location

KEPD 001 unit

97ol Marion Park Drive
Kcms

46 IU Serial no: 180289
Version no: 532B

TEST RECORD 00304

Temp Date Time 210L
Air Blank: 01/03/20 19:53 .000
Calibration Check: 25 01/03/20 19:53 .000

Subject Name

Test # 2

Subject I.D.

Inference 290130

Operator Name, I.D.

Location

KEPD 001 unit

97ol Marion Park Drive
Kcms

45 IU Serial no: 180289
Version no: 532B

TEST RECORD 00305

Temp Date Time 210L
Air Blank: 01/03/20 19:55 .000
Calibration Check: 25 01/03/20 19:55 .000

Subject Name

Test # 3

Subject I.D.

Inference 290130

Operator Name, I.D.

Location

KEPD 001 unit

97ol Marion Park Drive
Kcms

46 IU Serial no: 180289
Version no: 532B

TEST RECORD 00306

Temp Date Time 210L
VOID: RFI 12 01/03/20 19:57

Subject Name

RFI test

Subject I.D.

Inference 290130

Operator Name, I.D.

Location

KEPD 001 unit

97ol Marion Park Drive
Kcms



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

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**PERMIT
TYPE II**

JORDAN INFRANCA

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 alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 506.111 through 506.119 RSMo.

DATE 6/21/2021
 NUMBER 2001310
 EXPIRES 6/21/2021
 LS 01-071 (6-19)

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LS-1-08-10

AIRgas

Airgas USA LLC (LAB)
 3600 Barnard Street
 St. Louis, Mo. 63103
 Ph: (314) 638-5100
 Fax: (314) 633-7320

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Incochems, Inc.
 2081 Craig Road
 St. Louis, Mo 63145

Test Date: 28-Feb-2019

Lot # AG905605 Model 108caod

Exp. Date 28-Feb-2021
 Cyl. Type 108
 Component Ethanol Nitrogen
 Certified Concentration 0.062 ± 0.002 BAC (223 ppm)
 Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.4 ppm	EB0010503	383.0 ppm
EB0010570	259.8 ppm	EB0010659	208.2 ppm
EB0010286	206.0 ppm	EB0010636	208.3 ppm
EB0010504	103.6 ppm	EB0010562	104.2 ppm
EB0010681	62.42 ppm	EB0010579	62.81 ppm
GRM Serial No.	Concentration	GRM Serial No.	Concentration
CC434688	800.0 ppm	0056640	390.4 ppm
CC234603	263.0 ppm	0056682	150.2 ppm

Analytical Method: NDIR

Digitally signed by Rod Mairsala
 DN: cn=Rod Mairsala, o=Airgas USA LLC, ou=Lab
 Location: Airgas USA LLC (Lab)

Approved for Release:

[Signature]
 Rod Mairsala

ISO 17025:2005 A2LA accredited, Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited, Certificate Number 3002.07

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

INSTRUMENT OPERATOR CARD

This record card is to be used to document the operator's name, date of birth, and date of issuance for the determination of the alcohol content of the sample collected in the breath of an individual.

Operator: JORDAN INFRANCA Date Issued: 6/21/2021
 Permit No: 2001310 Date Expires: 6/21/2021