



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 03/06/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City	TIME OF INSPECTION 4:48 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 .079

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) 3	(.05-.09) 1	(.10-.14) 2	(.15-.19) 2	(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

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00326

Temp Date Time 210L

Air Blank: 03/06/20 16:48 .000
Calibration Check: 28 03/06/20 16:48 .079

Subject Name
Test # 1

Subject I.D.

Infrared 090130

Operator Name, I.D.

9701 Merion Park

Location

Drive, Kemo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00327

Temp Date Time 210L

Air Blank: 03/06/20 16:50 .000
Calibration Check: 28 03/06/20 16:50 .079

Subject Name
Test # 2

Subject I.D.

Infrared 090130

Operator Name, I.D.

9701 Merion Park

Location

Drive, Kemo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00328

Temp Date Time 210L

Air Blank: 03/06/20 16:52 .000
Calibration Check: 28 03/06/20 16:52 .079

Subject Name
Test # 3

Subject I.D.

Infrared 090130

Operator Name, I.D.

9701 Merion Park

Location

Drive, Kemo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00329

Temp Date Time 216L

VOID: RPI
12 03/06/20 16:54

Subject Name
RPI Test

Subject I.D.

Infrared 090130

Operator Name, I.D.

9701 Merion Park

Location

Drive, Kemo



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

PERMIT
TYPE II

JORDAN INFRANCA

is hereby authorized to install 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 577.050 through 577.044, RSMo and 806.111 through 806.116, RSMo.

DATE 6/21/2010

NUMBER 200130

EXPIRES 6/21/2011

LS 01-9771(4-0)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 68-10

AIRGAS

Airgas USA LLC (LAW)
3600 Bernard Street
St. Louis, MO, 63109
PH: (314) 653-8100
Fax: (314) 653-7320

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, MO 63146

Test Date: 26-Feb-2010

Lot # AG805605 Model 1080aoc

Exp. Date
25-Feb-2014

Con. Type
40B

Component
Ethanol
Nitrogen

Certified Concentration
0.082±0.002 BAC (228 ppm)
Belgique

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010551	392.1 ppm	EB0010593	363.0 ppm
EB0010570	259.0 ppm	EB0010599	258.2 ppm
EB0010280	203.0 ppm	EB0010696	208.3 ppm
EB0010501	403.8 ppm	EB0010562	404.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC234563	300.0 ppm	0055640	390.1 ppm
CC234603	253.0 ppm	0055682	150.2 ppm

Analytical Method: NDIR

05/21/2010 10:51 AM
Printed by: [Name]
Location: [Name]

Approved for Release:

[Signature]
Rod Marsala

ISO 17025:2005 A2LA accredited, Certificate Number 3002.06
ISO 17034:2010 A2LA accredited, Certificate Number 3002.07

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

INSTRUMENT OPERATOR CARD

The record number(s) is/are to be used to specify a specific instrument. Check the record number(s) in the database of the State of Missouri to verify the record number(s) of the instrument.

Operator: JORDAN INFRANCA Date Expires: 02/20/11
Permit No: 200130
Date Issued: 02/20/10