



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 05/18/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City		TIME OF INSPECTION 10:58 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 ➡ .082	TEST 2 ➡ .082	TEST 3 ➡ .082
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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)	1	(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).

TESTED AND CERTIFIED

INSPECTING OFFICER	
SIGNATURE ▶ <i>P.O. J. Infranca</i>	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 00349

Temp Date Time 210L
Air Blank: 05/18/20 22:52 .000
Calibration Check: 19 05/18/20 22:52 .082

Subject Name
Test # 1
Subject I.D.

Operator Name, I.D.
Infrance 290130
Location
9701 Merion Park Dr
KC MO

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00350

Temp Date Time 210L
Air Blank: 05/18/20 22:55 .000
Calibration Check: 20 05/18/20 22:55 .082

Subject Name
Test # 2
Subject I.D.

Operator Name, I.D.
Infrance 290130
Location
9701 Merion Park Dr
KC MO

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00351

Temp Date Time 210L
Air Blank: 05/18/20 22:57 .000
Calibration Check: 20 05/18/20 22:57 .082

Subject Name
Test # 3
Subject I.D.

Operator Name, I.D.
Infrance 290130
Location
9701 Merion Park Dr
KC MO

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00352

Temp Date Time 210L
Air Blank: 05/18/20 23:00

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Infrance 290130
Location
9701 Merion Park
KC MO



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



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 alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 806.111 through 806.119 FISM.

DATE 6/21/2019
NUMBER 2501130
EXPIRES 6/21/2021
LAB-4 (60-10)

W. S. Jordan

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Jordan

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (60-10)

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

INSTRUMENT OPERATOR CARD

This card must be carried by the operator or operator-in-charge of an instrument through alcohol
instruments for the determination of the alcoholic content of breath from or expired air
in Missouri.

Operator: INFRANCA, JORDAN
Permit No: 2501130
Date Issued: 6/21/2019 Date Expires: 6/21/2021

Airgas

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7320

Certificate of Analysis

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

Test Date: 26-Feb-2019

Lot # AG905605 Model 108caacd

Exp. Date	Cvl. 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	EB0010503	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
EB0010581	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC234503	800.0 ppm	0056649	390.1 ppm
	255.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Rod Marsala
Date: 2019.02.26 14:25:04 -0500
Reason: My gas standard certification of analysis
Location: Airgas USA LLC (LAB)

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17094:2016 A2LA accredited. Certificate Number 3082.07