



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 07/18/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City	TIME OF INSPECTION 1:10 am
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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 .080

TEST 2 .080

TEST 3 .080

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) 2	(.05-.09) 1	(.10-.14) 3	(.15-.19) 2	(OVER .19) 1
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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 00387

Temp Date Time 210L

Air Blank: 07/18/20 01:23 .000
Calibration Check: 12 07/18/20 01:23

Subject Name

RPI

Subject I.D.

Infrance 290130

Operator Name, I.D.

97d Marion Park

Location

Drive KCmo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00386

Temp Date Time 210L

Air Blank: 07/18/20 01:21 .000
Calibration Check: 23 07/18/20 01:21 .000

Subject Name

Test # 3

Subject I.D.

Infrance 290130

Operator Name, I.D.

97d Marion Park

Location

Drive KCmo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00385

Temp Date Time 210L

Air Blank: 07/18/20 01:19 .000
Calibration Check: 23 07/18/20 01:19 .000

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

97d Marion

Park Drive

KCmo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00384

Temp Date Time 210L

Air Blank: 07/18/20 01:14 .000
Calibration Check: 21 07/18/20 01:14 .000

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

97d Marion

Park Drive

-KCmo



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

2

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 577.020 through 577.041, RSMo and 596.111 through 596.119, RSMo.

DATE 02/12/2019

NUMBER 290130

EXPIRES 02/12/2021

LD 2019771 (4-16)

W. W. S.
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LD-4 (8-13)

Airgas

Airgas USA LLC (LAE)
3500 Barnard Street
St. Louis, Mo. 63103
Ph: (314) 633-8100
Fax: (314) 633-7320

Certificate of Analysis

Customer Name
Exolyte Supplier
Infolimiters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 28-Feb-2019

Lot # **AG905605 Model 1080add**

Exp. Date	QVL Type	Component	Certified Concentration
25-Feb-2021	108	Ethanol	0.082 ± 0.002 B/AO (228 ppm)
		Nitrogen	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010561	392.1 ppm	EB0010563	393.0 ppm
EB0010570	259.0 ppm	EB0010689	258.2 ppm
EB0010286	208.0 ppm	EB0010696	208.3 ppm
EB0010564	103.6 ppm	EB0010562	104.3 ppm
EB0010681	52.42 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC234668	390.0 ppm	0055640	390.7 ppm
CC234503	253.0 ppm	0055682	150.2 pph

Analytical Method: NDIR



Quality Assured by Quality Control
Data 28 Feb 2019 13:23:49 -0500
Printed by: W. W. S.
Location: St. Louis, MO

Approved for Release: [Signature]
Rod Marsala

ISO 17025:2005 A2LA accredited, Certificate Number 3002.06
ISO 17004:2016 A2LA accredited, Certificate Number 3002.07