



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
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City		TIME OF INSPECTION 1:10 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG905605</u> EXP. DATE <u>02/25/2021</u>
<input type="checkbox"/> 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
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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-.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 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
9701 Marion
Park 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
9701 Marion
Park 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.

Location

9701 Marion Park
Drive Kcmo

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00387

Temp Date Time 210L

VOID: RPI
12 07/18/20 01:23

Subject Name

RPI
Subject I.D.
Infrance 290130
Operator Name, I.D.

9701 Marion Park
Location

Drive Kcmo



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 877.020 through 877.041, RSMo and 806.111 through 806.119 RSMo.

DATE 6/21/2019

NUMBER 200130

EXPIRES 6/21/2021

LS-101011 (1-18)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-101011



Airgas

Airgas USA LLC (LAB)
3600 Bernard Street
St. Louis, Mo, 63103
Ph: (314) 633-3100
Fax: (314) 633-7320

Certificate of Analysis

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

Test Date: 20-Feb-2019

Lot # AG906605 Model 1080acd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
26-Feb-2021	108	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

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

<u>GRM Serial No.</u>	<u>Concentration</u>	<u>GRM Serial No.</u>	<u>Concentration</u>
EB0010681	392.1 ppm	EB0010693	393.0 ppm
EB0010670	289.0 ppm	EB0010659	288.2 ppm
EB0010200	208.0 ppm	EB0010695	208.3 ppm
EB0010501	103.6 ppm	EB0010662	104.2 ppm
EB0010681	52.12 ppm	EB0010679	52.81 ppm

<u>GRM Serial No.</u>	<u>Concentration</u>	<u>GRM Serial No.</u>	<u>Concentration</u>
QC434608	800.0 ppm	0050640	390.1 ppm
QC234608	263.0 ppm	0066002	160.2 ppm

Analytical Method: NDIR

Dr. Rod Marsala Quality Control
02/11/2019 08:23 AM (1374) - 05:00
Printed by Rod Marsala, Director of Analysis
Lab: Airgas USA LLC (Lab)

Approved for Release:
Rod Marsala

ISO 17025:2005 A2LA accredited, Certificate Number 3002.06
ISO 17034:2016 A2LA accredited, Certificate Number 3002.07