



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 102460	PRINTER SN 096.3580.879	DATE OF INSPECTION 06/04/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 123 East Santa Fe Ave Marceline, MO 64658	TIME OF INSPECTION 1:14 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG929601</u> EXP. DATE <u>06/23/2021</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 .098	TEST 2 .098	TEST 3 .098
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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)	0	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME RHONDA GULLEY
TYPE II PERMIT NUMBER/EXPIRATION DATE 290042 02/26/2021	TELEPHONE NUMBER (660) 376-3556

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: 087960
Version no: 532B

TEST RECORD 00258

Temp Date Time ^{s/} 210L

Air Blank:
06/04/20 13:15 .000
Calibration Check:
22 06/04/20 13:15 .000

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

123 E Santa Fe

Marceline, MO

64658

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00259

Temp Date Time ^{s/} 210L

Air Blank:
06/04/20 13:15 .000
Calibration Check:
22 06/04/20 13:15 .000

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

123 E Santa Fe

Marceline, MO

64658

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00273

Temp Date Time ^{s/} 210L

Air Blank:
06/04/20 13:47 .000
Calibration Check:
28 06/04/20 13:47 .098

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

123 E Santa Fe

Marceline, MO

64658

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00270

Temp Date Time ^{s/} 210L

Air Blank:
06/04/20 13:38 .000
Calibration Check:
27 06/04/20 13:38 .098

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

123 E Santa Fe

Marceline, MO

64658

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00269

Temp Date Time ^{s/} 210L

Air Blank:
06/04/20 13:36 .000
Calibration Check:
26 06/04/20 13:36 .098

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

123 E Santa Fe

Marceline, MO

64658

Certificate of Calibration Barometric Pressure

Instrument Model	Serial Number	Received Date	Calibration Date	Certificate Number
True-Cal II	50666	N/A	November 17, 2017	43056.551478

Cust. ID#	Name of Organization	Customer Address
N/A	N/A	N/A

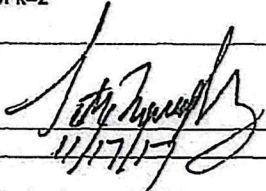
Intoximeters, Inc hereby certifies that this instrument has been calibrated with standards which are traceable to the National Institute of Standards and Technology and performed within the requirements of the laboratory's calibration services, and in compliance with ISO 17025:2005.

Method Used: Intoximeters Work Instruction: WI Accredited Calibration_True-Cal II

Standards Used:
Standard Type Meriam M2 Digital Reference Barometer
Serial or Lot Number 1002000069 (CE 141)

Instrument Condition as Received:				Instrument Condition as Left:			
New				In tolerance			
Laboratory tolerance is defined by a comparison of the mathematic mean of three readings to the target value, where the difference may be no greater than +/- 1.5% for incoming results, and no greater than +/- 1.0% for outgoing results, excluding the uncertainty, unless otherwise required by the customer in writing.							
LOW Incoming	Expected	Result		LOW Outgoing	Expected	Result	
Result 1:			millibar	Result 1:	850.0	853.8	millibar
Result 2:			millibar	Result 2:	850.0	853.8	millibar
Result 3:			millibar	Result 3:	850.0	853.9	millibar
Mean:			millibar	Mean:	850.0	853.8	millibar
	% Difference:		%		% Difference:	0.45	%
HIGH Incoming	Expected	Result		HIGH Outgoing	Expected	Result	
Result 1:			millibar	Result 1:	985.0	988.8	millibar
Result 2:			millibar	Result 2:	985.0	988.9	millibar
Result 3:			millibar	Result 3:	985.0	988.8	millibar
Mean:			millibar	Mean:	985.0	988.8	millibar
	% Difference:		%		% Difference:	0.39	%
In the range of 550 to 650 mmHg, the expanded uncertainty is +/- <u>1.10</u> % of reading.							
In the range of 740 to 760 mmHg, the expanded uncertainty is +/- <u>1.10</u> % of reading.							
This uncertainty represents an expanded uncertainty expressed at approximately the 95% confidence level using a coverage factor of k=2							

Issued by: Scott Murphy
Quality Manager or Deputy

Signature: 
Date: 11/17/17

Note: This certifies the calibration of the instrument as of the date listed. Calibration, certification, and accuracy check requirements described in the Quality Program of your organization may supersede this certificate.

This certificate may not be reproduced without written permission by Intoximeters.

Intoximeters
 2081 Craig Road | St. Louis, MO 63146
 (314) 429-4000 | www.intox.com
 An ISO 17025:2005 Accredited Lab



Calibration Cert No. 3384.01



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

Test Date: 23-Oct-2019

Lot # AG929601 **Model** 34cacc

Exp. Date

23-Jun-2021

Cyl. Type

34

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	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
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method:

NDIR

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT
TYPE II
RHONDA GULLEY

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

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 306.111 through 306.119 RSMo.

DATE 2/26/2019

NUMBER 290042

EXPIRES 2/26/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator GULLEY, RHONDA
Permit No 290042
Date Issued 2/26/2019 Date Expires 2/26/2021

