



**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 09/03/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 123 East Santa Fe Ave Marceline, MO 64658	TIME OF INSPECTION 3:49 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  .096	TEST 2  .097	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 00295

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 09/03/20 16:04

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

MPD 123 E Santa Fe

Marceline, MO 64468

AS IV Serial no: 087960

AS IV Serial no: 087960  
Version no: 532B

TEST RECORD 00297

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/20 16:07 .000

Calibration Check:  
27 09/03/20 16:07 .096

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

MPD 123 E Santa Fe

Marceline, MO 64468

AS IV Serial no: 087960  
Version no: 532B

TEST RECORD 00299

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/20 16:12 .000

Calibration Check:  
28 09/03/20 16:12 .098

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

MPD 123 E Santa Fe

Marceline, MO 64468

AS IV Serial no: 087960  
Version no: 532B

TEST RECORD 00298

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/20 16:10 .000

Calibration Check:  
27 09/03/20 16:10 .097

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

MPD 123 E Santa Fe

Marceline, MO 64468

AS IV Serial no: 087960  
Version no: 532B

TEST RECORD 00294

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/20 16:03 .000

Subject Test: Auto  
26 09/03/20 16:03 .000

Subject Name

Subject I.D.

Operator Name, I.D.

RGulley 1128

Location

MPD 123 E Santa Fe Ave

Marceline, MO 64468



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** 34cadd

**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:**

**RGM Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

**RGM Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

**CRM Serial No.**

CC434668

CC234503

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

0056649

0056662

**Concentration**

390.1 ppm

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

## 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

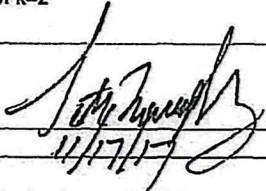
Intoximeters, Inc hereby certifies that this instrument has been calibrated with standards which are traceable to the National Institute of Standards and Technology and performed within the requirements of the laboratory's calibration services, and in compliance with ISO 17025:2005.

**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



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

