



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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 108389	PRINTER SN 099.3586.804	DATE OF INSPECTION 03/11/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St, Joplin, MO 64801		TIME OF INSPECTION 1439

**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 # AG809501 EXP. DATE 04/05/2020

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 • .099      TEST 2 • .099      TEST 3 • .099

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)    2    | (.15-.19)    4    | (OVER .19)    3

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  
 JARED SWANN

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 280173 04/23/2020

TELEPHONE NUMBER  
 (417) 623-3131

**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



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:** 5-Apr-2018

**Lot # AG809501 Model 55cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
5-Apr-2020	55	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>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

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2018.04.05 12:17:13 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:



*Rod Marsala*

Rod Marsala



**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**



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

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**PERMIT**  
**TYPE II**  
**JARED S SWANN**

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 306.111 through 306.119 RSMo.

DATE 4/23/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280173

EXPIRES 4/23/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (9-10)

LAB-4 (R6-10)



**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 SWANN, JARED  
 Permit No 280173  
 Date Issued 4/23/2018 Date Expires 4/23/2020

HS 10 Serial no: 108389  
Version no: 532P

TEST RECORD 01016

Temp Date Time 210L

Air Blank:  
03/11/20 14:39 .000

Calibration Check:  
23/03/11/20 14:39 .099

Subject Name

Subject I.D.

Operator Name: J.D.

*Sawan, Jared 0985*

Location

*Topha Jail*

HS 10 Serial no: 108389  
Version no: 532P

TEST RECORD 01017

Temp Date Time 210L

Air Blank:  
03/11/20 14:42 .000

Calibration Check:  
23/03/11/20 14:42 .099

Subject Name

Subject I.D.

Operator Name: J.D.

*Sawan, Jared 0985*

Location

*Topha Jail*

HS 10 Serial no: 108389  
Version no: 532P

TEST RECORD 01018

Temp Date Time 210L

Air Blank:  
03/11/20 14:40 .000

Calibration Check:  
23/03/11/20 14:40 .099

Subject Name

Subject I.D.

Operator Name: J.D.

*Sawan, Jared 0985*

Location

*Topha Jail*

HS 10 Serial no: 108389  
Version no: 532P

TEST RECORD 01019

Temp Date Time 210L

VOID REF  
12/03/11/20 14:43

Subject Name

Subject I.D.

Operator Name: J.D.

*Sawan, Jared 0985*

Location

*Topha Jail*