

By Tracy Crews at 9:48 am, Jun 03, 2020



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### **ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

		<del>`</del>						
Complete this report in duplicate a Send copy to Department of Health						whenev	er instrument is	e repaired.
ALCO SENSOR IV SN 108389		PRINTER SN 099.3586.804				DATE OF 05/14/2	INSPECTION 2020	
LOCATION OF INSTRUMENT (STREET AND 303 E 3rd St, Joplin, MO 6480						TIME OF 1	INSPECTION	
CHECKLIST: Place a mark in the b	ox by each iter	n if found to be sati	sfactory or if op	eratir	ng within establis	hed limi	its. (Write in obs	erved val-
ues where determined.) Unmarked			sing instrument.	<u> </u>				
DIGITAL READOUT (ALL ELE							<u> </u>	
TEMPERATURE OF ALCO SE	NSOR (10°C -	40°C)						
PRINTER WORKING PROPE	RLY				**			
TIME AND DATE DISPLAYING	PROPERLY			13 %				
BREATH ALCOHOL ACCURACY	STANDARDS							
SIMULATOR SOLUTION			☑ COMPRE	ESSE	D ETHANOL-GA	AS MIXT	URE	•
STANDARD SUPPLIER INTOXIMETERS			<sub>LOT #</sub> AG815802 EX			P. DATE 06/07/2020		
SIMULATOR TEMPERATURE	(34°C ± 0.2°C)	SIM	JLATOR SN		SIMULATOR EXP DATE			
✓ 0.100% STANDARD - MU	ST READ BET ST READ BET	WEEN 0.076% and WEEN 0.038% and	I 0.084% INCLU	JSIVE	≣ .*			
TEST 1 🖛 .101	TEST	Γ2 🖛 102			TEST 3 🖝 .10	0 .		
RFI DETECTOR OPERATING							;	
INDICATE THE NUMBER OF BRE (DO NOT INCLUDE SELF-ADMIN			G RANGES SI	NCE	THE LAST MAII	NTENAN	ICE REPORT:	
REFUSALS 4 (004)	0   (.0)	509) 0	(.1014)	3	(.1519)	1	(OVER .19)	1
List any new parts and describe ar	ny alteration or	· · · · · · · · · · · · · · · · · · ·		store		o opera		and within
established limits (use other side if	necessary).						•	
					•			
							:	
INSPECTING OFFICER SIGNATURE				1	PRINT NAME			
) Land Control of the	- 0985				JARED SWA	NN		
TYPE IF PERMIT NUMBER/EXPIRATION DATE 280173 04/23/2020					TELEPHONE NUMBER (417) 623-31			
Return completed report to the:	Breath Alcoho 2875 James E Poplar Bluff, M		partment of Hea	alth ar			theast District O	ffice



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: 8-Jun-2018

Lot # AG815802 Model 55cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

7-Jun-2020

Ethanol Nitrogen

0.100 ± 2% BrAC (272 ppm)

Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2018.08.11 10:46:09 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



## 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):

## <u>ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000</u>

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	4/17/2020	want
	200150	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	200159	Ef Ulle
EXPIRES	4/17/2022	
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MC7:580-0771 (	6/10)	LEAR-4703



### 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



SWANN, JARED

Permit No 200159 Date Issued 4/17/2020

Date Expires 4/17/2022

Spilk Serial nos 1905 (89) ers loggnot (59) TEST RECGEL GARRY Semes of Date 18 Transform nir\_Blank: - 15/14/20008:13 000 CalborstionsRheek 20 052142303pgs:/9..101 Subject Hane Subject I.D. Operator Maine, i Swam Jand Ons Jophn Jail AS 1V Serial not duszes Versoor not SSZE Test record 01022 Tene Tilate Time, 210L Air Blacks 05/14/20:08.20 1000 Calibration Gnecks 20:05/14/20006120 102 Subbect Name Subject L.D. Operator Hame, j.II DURAGE TOREL 0985 Sep u Sail

ms IV Serial not 100369 Version not 15320 TEST RECORD #01025 Temp. Dakes Time 210L AD: Blank: 1 05/14/20 08:25 : 000 Calibration: Check: 22:05/14/20:08:22 : 100 Subject Name Subsect I.D: Brerator Name: [, ]) Dwang Jand 0985 Jophn Jail nS IV seriel mot 108389 Version not 5328 TEST PECCEL - 01024 Tens State Time 710L void: RF1 12 05/44/28/08:23 Subject Name Subject I.D. Degrator Hame. [1]. Owan Jured 0985 Location IND WIDDE