



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 111334	PRINTER SN 099.3586.576	DATE OF INSPECTION 06/28/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St, Joplin, MO 64801		TIME OF INSPECTION 1942

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 # AG014303

EXP. DATE 05/22/2022

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 ← .097

TEST 2 ← .097

TEST 3 ← .097

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

0985

PRINT NAME

JARED SWANN

TYPE II PERMIT NUMBER/EXPIRATION DATE

200159 04/17/2022

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: 26-May-2020

Lot # AG014303 **Model** 55cacc

Exp. Date

22-May-2022

Cyl. Type

55

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

Digitally signed by Quality Control
Date: 2020.05.28 14:56:35 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

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

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 4/17/2020

NUMBER 200159

EXPIRES 4/17/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-0771 (6-19)

LAB-2 (RS-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 200159
Date Issued 4/17/2020 Date Expires 4/17/2022

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00227

Temp Date Time ^{s/} 210L

Air Blank:
06/28/20 19:42 .000
Calibration Check:
21 06/28/20 19:42 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, Jared 0985

Location

Joplin Jail

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00228

Temp Date Time ^{s/} 210L

Air Blank:
06/28/20 19:43 .000
Calibration Check:
22 06/28/20 19:43 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, Jared 0985

Location

Joplin Jail

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00229

Temp Date Time ^{s/} 210L

Air Blank:
06/28/20 19:45 .000
Calibration Check:
22 06/28/20 19:45 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, Jared 0985

Location

Joplin Jail

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00230

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/28/20 19:46

Subject Name

Subject I.D.

Operator Name, I.D.

Swann, Jared 0985

Location

Joplin Jail