



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 111667	PRINTER SN 09B.3589.497	DATE OF INSPECTION 01/18/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City		TIME OF INSPECTION 4:48 am

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 INTOXIMETER LOT # AG808602 EXP. DATE 03/27/2020

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 .096
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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)	1
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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).

JANUARY 2020 MAINTENANCE

INSPECTING OFFICER

SIGNATURE 	PRINT NAME William Beeler
TYPE II PERMIT NUMBER/EXPIRATION DATE 280190/05-22-2020	TELEPHONE NUMBER (816) 858-2424

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: 111667
Version no: 532B

TEST RECORD 00284

Temp Date Time 210L s/

Air Blank:
01/18/20 04:48 .000
Calibration Check:
22 01/18/20 04:48 .099

Subject Name

#1

Subject I.D.

Operator Name, I.D.

William Beeler 280190
05/22/2020

Location

415 Third Street

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00285

Temp Date Time 210L s/

Air Blank:
01/18/20 04:49 .000
Calibration Check:
22 01/18/20 04:49 .099

Subject Name

#2

Subject I.D.

Operator Name, I.D.

William Beeler 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00286

Temp Date Time 210L s/

Air Blank:
01/18/20 04:51 .000
Calibration Check:
23 01/18/20 04:51 .096

Subject Name

#3

Subject I.D.

Operator Name, I.D.

William Beeler 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00287

Temp Date Time 210L s/

VOID: RFI
12 01/18/20 04:52

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

William Beeler 280190
05/22/2020

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00288

Temp Date Time 210L s/

Air Blank:
01/18/20 04:54 .000
Subject Test: Auto
25 01/18/20 04:54 .000

Subject Name

Blank/Soble Sample

Subject I.D.

Operator Name, I.D.

William Beeler 280190
05/22/2020

Location



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: 28-Mar-2018

Lot # AG808602 **Model** 108caccd

Exp. Date

27-Mar-2020

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

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: 2018.03.28 12:27:05 -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 2989.01



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

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PERMIT
TYPE II
WILLIAM BEELER

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, INTOX DMT

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 5/22/2018

NUMBER 280190

EXPIRES 5/22/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 BEELER, WILLIAM
Permit No 280190
Date Issued 5/22/2018 **Date Expires** 5/22/2020