



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:18 am, Mar 09, 2020

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 111771	PRINTER SN 09B.3589.491	DATE OF INSPECTION 03/06/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) Jasper County Sheriff Office 231 S. Main Street Carthage, MO 64836	TIME OF INSPECTION 6:30 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG822503 EXP. DATE 03/06/2020

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 • .081

TEST 2 • .082

TEST 3 • .082

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
Sgt. Chr. Calvin #349

PRINT NAME
Sgt. Christopher Calvin #349

TYPE II PERMIT NUMBER/EXPIRATION DATE
200084/ 02/11/2020

TELEPHONE NUMBER
(417) 358-8177

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: 111771
Version no: 532B

TEST RECORD 00158

Temp Date Time ^{s/} 210L

Air Blank:
03/06/20 18:23 .000
Calibration Check:
22 03/06/20 18:23 .081

Subject Name

Acc check #1

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

200084 - 02/11/22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771
Version no: 532B

TEST RECORD 00159

Temp Date Time ^{s/} 210L

Air Blank:
03/06/20 18:24 .000
Calibration Check:
22 03/06/20 18:24 .082

Subject Name

Acc Check #2

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

200084 - 02/11/22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771
Version no: 532B

TEST RECORD 00160

Temp Date Time ^{s/} 210L

Air Blank:
03/06/20 18:26 .000
Calibration Check:
23 03/06/20 18:26 .082

Subject Name

Acc Check #3

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

200084 - 02/11/22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771
Version no: 532B

TEST RECORD 00161

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/06/20 18:27

Subject Name

RFI Test

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

~~200084~~ - 02/11/22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771
Version no: 532B

TEST RECORD 00162

Temp Date Time ^{s/} 210L

Air Blank:
03/06/20 18:28 .000
Subject Test: Auto
23 03/06/20 18:28 .000

Subject Name

Sub Test

Subject I.D.

Chris Calvin #349

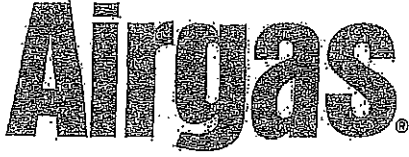
Operator Name, I.D.

200084 - 02/11/22

Location

JCSO

Carthage, Mo



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: 14-Aug-2018

Lot # AG822503 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
13-Aug-2020	108	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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
EB0010235	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: 2018.08.14 14:55:03 -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



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

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PERMIT
TYPE II
CHRISTOPHER CALVIN

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 2/11/2020

NUMBER 200084

EXPIRES 2/11/2022

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 CALVIN, CHRISTOPHER
Permit No 200084
Date Issued 2/11/2020 **Date Expires** 2/11/2022