



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 111776	PRINTER SN 09b.3589.432	DATE OF INSPECTION 04/11/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Dr, Kansas City		TIME OF INSPECTION 1:23 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 INTOXIMETERS LOT # AG905605 EXP. DATE 02/25/2021

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 ➔ .084

TEST 2 ➔ .083

TEST 3 ➔ .083

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).

TESTED AND CERTIFIED

INSPECTING OFFICER

SIGNATURE ▶ <i>P.O. J. Infranca</i>	PRINT NAME Jordan Infranca
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290130/ 06/21/2021	TELEPHONE NUMBER (816) 382-5897
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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 IU Serial no: 111776
Version no: 532B

TEST RECORD 00115

Temp Date Time 210L
s/

Air Blank: 04/11/20 01:18 .000
Calibration Check: 20 04/11/20 01:18 .084

Subject Name

Test #1

Subject I.D.

Infrance 290130

Operator Name, I.D.

Location

9701 maris park Dr

Kcmo

AS IU Serial no: 111776
Version no: 532B

TEST RECORD 00116

Temp Date Time 210L
s/

Air Blank: 04/11/20 01:20 .000
Calibration Check: 21 04/11/20 01:20 .083

Subject Name

Test #2

Subject I.D.

Infrance 290130

Operator Name, I.D.

Location

9701 Marion park Dr

Kcmo

AS IU Serial no: 111776
Version no: 532B

TEST RECORD 00117

Temp Date Time 210L
s/

Air Blank: 04/11/20 01:21 .000
Calibration Check: 22 04/11/20 01:21 .083

Subject Name

Test #3

Subject I.D.

Infrance 290130

Operator Name, I.D.

Location

9701 Marion park Dr

Kcmo

AS IU Serial no: 111776
Version no: 532B

TEST RECORD 00118

Temp Date Time 210L
s/

VOID: RFI 12 04/11/20 01:23

Subject Name

RFI Test

Subject I.D.

Infrance 290130

Operator Name, I.D.

Location

9701 marion park Dr

Kcmo



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

PERMIT
TYPE II

JORDAN INFRANCA

2

AIRQAS

Airgas USA LLC (L49)
5800 Burnside Street
St. Louis, Mo. 63103
Ph: (314) 533-5100
Fax: (314) 533-7320

Certificate of Analysis

Test Date: 28-Feb-2019

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63145

Lot # AG908605 Model 1080a0d

is hereby authorized to install and supervise operators, train installers, inspect, calibrate, perform field services 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 506.311 through 506.319 RSMo.

DATE 6/21/2019

NUMBER 201730

Expires 6/21/2021

2019032711-10

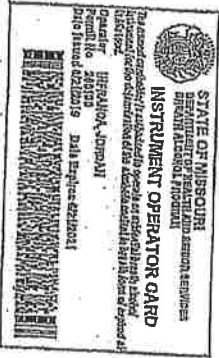
W. L. ...
DIRECTOR OF STATE BUREAU OF HEALTH INSPECTION

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LS-4-88-16

Certification Traceable to NIST: RGM and to CRM Ethanol Standards:

Exp. Date	Cal. Type	Component	Certified Concentration
28-Feb-2021	108	Ethanol Nitrogen	0.082 ± 0.002 Bq/C (228 ppm) Belarus
RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010571	392.1 ppm	EB0078803	383.0 ppm
EB0010570	259.8 ppm	EB0078809	269.2 ppm
EB0010205	208.0 ppm	EB0070595	208.3 ppm
EB0010504	103.5 ppm	EB0070582	104.2 ppm
EB0010551	82.12 ppm	EB0070579	82.01 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
GC343658	800.0 ppm	0058580	390.1 ppm
GC343603	253.0 ppm	0058492	150.2 ppm

Analytical Method: NDIR



This is a record of the instrument used in the analysis of the sample. It is not a record of the analysis itself. For more information, please contact the Missouri Department of Health and Senior Services.

Approved for Release:

Rod Marzala
Rod Marzala

ISO 17025:2005 A2LA accredited, Certificate Number 3092.08
ISO 17094:2016 A2LA accredited, Certificate Number 3092.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500009	NAME OF AGENCY Sunset Hills PD	DATE OF INSPECTION 04/09/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 3905 S. Lindbergh Sunset Hills MO 63127		TIME OF INSPECTION 16:20:40

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

DIAGNOSTIC RECORD

DATE AND TIME <u>04/09/2020 16:20:45</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETER LOT # AG912001 EXP. DATE 04/30/2021

SIMULATOR TEMP (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. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.079	TEST 2: 0.078	TEST 3: 0.078
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PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 2	.15-.19: 2	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 <i>Lee Johnson</i>	PRINT FULL NAME LEE JOHNSON	
TYPE II PERMIT NUMBER 280209	EXPIRATION DATE 05/30/2020	TELEPHONE NUMBER 314-849-4400

RETURN COMPLETED REPORT TO THE **Breath Alcohol Program, MO Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd, Poplar Bluff, MO 63901**