



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 07/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR KANSAS CITY, MO 64137		TIME OF INSPECTION 5:29 pm

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 .079	TEST 2 .082	TEST 3 .080
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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)	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).

Instrument meets all DOHSS Standards and Guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Corey Carlisle #5266
TYPE II PERMIT NUMBER/EXPIRATION DATE 200123 03/09/2022	TELEPHONE NUMBER (816) 234-5000

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: 111776
Version no: 532B

TEST RECORD 00124

Temp Date Time 210L
Air Blank: 07/03/20 17:29 .000
Calibration Check: 22 07/03/20 17:29 .079

Subject Name
Sgt Carlisle test #1
Subject I.D.
Carlisle # 200407
Operator Name: I.D.

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00125

Temp Date Time 210L
Air Blank: 07/03/20 17:32 .000
Calibration Check: 23 07/03/20 17:32 .082

Subject Name
Sgt Carlisle test #2
Subject I.D.
Carlisle # 200407
Operator Name: I.D.

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00127

Temp Date Time 210L
Air Blank: 07/03/20 17:35 .000
Calibration Check: 25 07/03/20 17:35 .080

Subject Name
Sgt Carlisle test #3
Subject I.D.
Carlisle # 200407
Operator Name: I.D.

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00128

Temp Date Time 210L
Air Blank: 07/03/20 17:37

Subject Name
Sgt Carlisle RFI
Subject I.D.
Carlisle # 200407
Operator Name: I.D.

Location



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



PERMIT
TYPE II
COREY CARLISLE

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 3/9/2020
NUMBER 200123
EXPIRES 3/9/2022
MO 980971 (6-10)

W. S. ...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (08-10)

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

INSTRUMENT OPERATOR CARD

The instrument operator is authorized to operate an Intoxilizer breath alcohol analyzer in Missouri for the determination of the alcoholic content in breath from an expired air.

Operator: **CARLISLE COREY**
Permit No. **200123**
Date Issued **3/9/2020** Date Expires **3/9/2022**

Airgas

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo, 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Certificate of Analysis

Test Date: 26-Feb-2019

Lot # AG905605 Model 108caod

Exp. Date
25-Feb-2021

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BRAC (223 ppm)
Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010599	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: **NDIR**

Digitally signed by Quality Control
Printer: 26-Feb-2019 14:34:45 -0600
Reason: Dry sea rendering certification of analysis
Version: Adobe PDF Library 9.0

Approved for Release:

Rodi Marsala
Rod Marsala

ISO 17025:2005 AZLA accredited. Certificate Number 3082.06
ISO 17034:2016 AZLA accredited. Certificate Number 3082.07