



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:50 am, Feb 08, 2022

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 094803	PRINTER SN 097.3584.348	DATE OF INSPECTION 02/06/2022
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St Joplin	TIME OF INSPECTION 7:18 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, Inc. 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 .099	TEST 2 .102	TEST 3 .103
--------------	--------------	--------------

- 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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Calibration

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Brett Davis
TYPE II PERMIT NUMBER/EXPIRATION DATE 210223/10-05-2023	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

AS IV Serial no: 094803
Version no: 532B

TEST RECORD 00006

Temp Date Time 210L
a/

Air Blank:
02/06/22 19:18 .000
Calibration Check:
22 02/06/22 19:18 .099

Subject Name

Subject I.D.

Operator Name, I.D.

B. J. S. 9004

Location

Joplin PD

AS IV Serial no: 094803
Version no: 532B

TEST RECORD 00008

Temp Date Time 210L
a/

Air Blank:
02/06/22 19:24 .000
Calibration Check:
23 02/06/22 19:24 .103

Subject Name

Subject I.D.

Operator Name, I.D.

B. J. S. 9004

Location

Joplin PD

AS IV Serial no: 094803
Version no: 532B

TEST RECORD 00807

Temp Date Time 210L
a/

Air Blank:
02/06/22 19:20 .000
Calibration Check:
22 02/06/22 19:20 .162

Subject Name

Subject I.D.

Operator Name, I.D.

B. J. S. 9004

Location

Joplin PD

AS IV Serial no: 094803
Version no: 532B

TEST RECORD 00809

Temp Date Time 210L
a/

VOID: RFI
12 02/06/22 19:27

Subject Name

Subject I.D.

Operator Name, I.D.

B. J. S. 9004

Location

Joplin PD



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 55cacd

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

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

RGM Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

CRM Serial No.

CC434668

Concentration

800.0 ppm

CC234503

253.0 ppm

CRM Serial No.

0056649

Concentration

390.1 ppm

0056662

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
BRETT DAVIS

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 10/5/2021

NUMBER 210223

EXPIRES 10/5/2023

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

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 DAVIS, BRETT
 Permit No 210223
 Date Issued 10/5/2021 Date Expires 10/5/2023

