

RECEIVED

By Tracy Crews at 7:23 am, Mar 24, 2022



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 097412	PRINTER SN 0963580868	DATE OF INSPECTION 03/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137		TIME OF INSPECTION 12:26 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 # AG010103 EXP. DATE 04/10/2022

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 → 0.080

TEST 2 → 0.079

TEST 3 → 0.079

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	15	(0-.04)	1	(.05-.09)	2	(.10-.14)	6	(.15-.19)	4	(OVER .19)	5
----------	----	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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

PRINT NAME
PO Davidson 5646TYPE II PERMIT NUMBER/EXPIRATION DATE
210058 04/06/2023TELEPHONE 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 IU Serial no: 897412
Version no: 532B

TEST RECORD 00550

Temp Date Time ^{sv} 210L

Air Blank:
03/16/22 06:40 .000
Calibration Check:
24 03/16/22 06:40 .000

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

PO Davidson SG46

Location

210058 04/06/2023

AS IU Serial no: 897412
Version no: 532B

TEST RECORD 00551

Temp Date Time ^{sv} 210L

Air Blank:
03/16/22 06:42 .000
Calibration Check:
25 03/16/22 06:42 .079

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

PO Davidson SG46

Location

210058 04/06/2023

AS IU Serial no: 897412
Version no: 532B

TEST RECORD 00552

Temp Date Time ^{sv} 210L

Air Blank:
03/16/22 06:44 .000
Calibration Check:
26 03/16/22 06:44 .079

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

PO Davidson SG46

Location

210058 04/06/2023

AS IU Serial no: 897412
Version no: 532B

TEST RECORD 00553

Temp Date Time ^{sv} 210L

VOID: RFI
12 03/16/22 06:46

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

PO Davidson SG46

Location

210058 04/06/2023



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



PERMIT
TYPE II
DOUGLAS DAVIDSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

AIRCO-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 303.111 through 303.119 RSMo.

DATE 4/22/01
NUMBER 210053
EXPIRES 4/22/03
NO. 060719-01

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
... U.S. 664d



Airgas USA LLC (L48)
3500 Barnard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Evolution Supplier
Inoxinatech, Inc.
2081 Craig Road
St. Louis, Mo. 63146

Test Date: 13-Apr-2000

Exp. Date
10-Apr-2002

CWL Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BAC (23 ppm)
Balance

Lot # AG010103 Model 108caod

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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010583	393.0 ppm
EB0010570	239.8 ppm	EB0010589	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010581	103.6 ppm	EB0010582	104.2 ppm
EB0010581	52.12 ppm	EB0010578	52.81 ppm
CC431085	800.0 ppm	CRM Serial No.	Concentration
CC234503	253.0 ppm	0036649	390.1 ppm
		0036652	150.2 ppm

Analysis Method: NOIR

Digitally signed by Cheryl Condit
Reason: I am the issuer of the certificate
Certificate Number: 3082.07

Approved for Release:

[Signature]
Rod Marsala

ISO 17025:2003 A2LA accredited, Certificate Number 3082.06
ISO 17034:2016 A2LA accredited, Certificate Number 3082.07