

Instrument Acceptance Testing Worksheet

Draeger Alcotest 9510

Name:		Start Date:	
Instrument S/N:		End Date:	
Firmware Version:			
WinCE Version:			
Config Version:		PM Qualtrax Revision #:	

Please check the box on each requirement as it is completed. Place the BA Procedures Manual Section number (indicated below) and your initials on the related instrument printouts. The instrument serial number should appear on all pages of this testing. (Abbreviations: S = Sample)

BA PM Section	Task	Printed Expected Result	Complete
4.1 - Initial Instructions			
4.1.1.3/4.1.2.3	Perform Certification		☐
4.3 - Linearity			
4.3.1	CalCheck - 0.300 g/210 L wet bath solution (or equivalent dry gas)		☐
4.3.2	CalCheck - 0.400 g/210 L wet bath solution (or equivalent dry gas)		☐
4.3.3	Within $\pm 5\%$ of target, within 0.005 g/210 L of each other		☐
4.4 - Sample Reporting			
4.4.1	Both samples your own breath	0.00 g/210 L	☐
4.4.2	S1 = own breath, S2 ~ 0.015 g/210 L	0.00 g/210 L	☐
4.4.3	S1 ~ 0.015 g/210 L, S2 = own breath	0.00 g/210 L	☐
4.4.4 - Ready to Blow Expired			
4.4.4.1	Do not provide a sample	Ready to Blow Exp.	☐
4.4.4.2	S1 = own breath, S2 = do not provide a sample	Ready to Blow Exp.	☐
4.4.4.3	S1 = own breath, S2 = > 0.03 g/210 L, S3 = do not provide a sample	Ready to Blow Exp.	☐
4.4.5 - Max Sample Attempts			
4.4.5.1	S1 = does not meet sample parameters	Max Sample Attempts	☐
4.4.5.2	S1 = own breath, S2 = does not meet sample parameters	Max Sample Attempts	☐
4.4.5.3	S1 = own breath, S2 = > 0.03 g/210 L, S3 = does not meet sample parameters	Max Sample Attempts	☐
4.4.6 - Mouth Alcohol			
4.4.6.1	S1 = dual simulator with 0.300 g/210 L stopped after 2 seconds	Mouth Alcohol Detected	☐
4.4.6.2	S1 = own breath, S2 = dual simulator with 0.300 g/210 L stopped after 2 seconds	Mouth Alcohol Detected	☐
4.4.6.3	S1 = own breath, S2 = > 0.03 g/210 L, S3 = dual simulator with 0.300 stopped after 2 sec	Mouth Alcohol Detected	☐
4.4.7 - Radio Frequency Interference			
4.4.7.1	Test that requires 3 subject samples, key radio during test sequence	0.00 g/210 L	☐
4.4.8 - Blowing Not Allowed			
4.4.8.1	After initial purge, provide own breath sample	Blowing Not Allowed	☐
4.4.8.2.1	After dry gas check, provide own breath sample	Blowing Not Allowed (Displayed)	☐
4.4.8.2.2	After the first subject sample, provide own breath sample	Blowing Not Allowed (Displayed)	☐
4.4.8.2.3	After the two minute wait period, provide own breath sample	Blowing Not Allowed (Displayed)	☐
4.4.8.2.4	After the second subject sample, provide own breath sample	Blowing Not Allowed (Displayed)	☐
4.4.8.3.2	Conduct a test that requires three subject samples, after the two minute wait period between samples 2 and 3, provide own breath sample	Blowing Not Allowed (Displayed)	☐
4.4.8.3.3	After the third subject sample, provide own breath sample	Blowing Not Allowed	☐
4.4.9 - Alcohol in Ambient Air			
4.4.9.1-4.4.9.2	Place open bottle of ethanol by breath hose, conduct a test that requires three subject samples, if necessary	0.00 g/210 L or Alcohol in Ambient Air	☐
4.4.10 - External Standard Out of Tolerance			
4.4.10.1-4.4.10.2	Install a 0.150 g/210 L BrAC or higher gas cylinder, keep target value at 0.100 g/210 L; Conduct test	Ext Std Out of Tol	☐
4.4.11 - Three Samples			
4.4.11.1	S1 = own breath, S2 = > 0.08 g/210 L, S3 ~ 0.015 g/210 L	0.00 g/210 L	☐
4.4.11.2	S1 = > 0.08 g/210 L, S2 = own breath, S3 ~ 0.015 g/210 L	0.00 g/210 L	☐
4.4.11.3	S1 = > 0.08 g/210 L, S2 ~ 0.015 g/210 L, S3 = own breath	0.00 g/210 L	☐

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4.4.12 - No Sample Agreement

4.4.12.1	S1 = own breath, S2 ~ 0.08 g/210 L, S3 ~ 0.160 g/210 L, Retest "Yes"	No Sample Agreement	☐
4.4.12.2	S1 ~ 0.08 g/210 L, S2 = own breath, S3 ~ 0.160 g/210 L, Retest "Yes"	No Sample Agreement	☐
4.4.12.3	S1 ~0.08 g/210 L, S2 ~0.160 g/210 L, S3 = own breath, Retest "No"	No Sample Agreement	☐

4.4.13 - Sample Over Range

4.4.13.1	S1 ~ 0.60 g/210 L	Sample Over Range	☐
4.4.13.2	S1 = own breath, S2 ~ 0.60 g/210 L	Sample Over Range	☐
4.4.13.3	S1 =own breath, S2 =>0.03 g/210 L but <0.50 g/210 L, S3 ~ 0.60 g/210 L	Sample Over Range	☐

4.4.14 - Interferent Detected

4.4.14.1.2	S1 = methanol supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.1.3	S1 = own breath, S2 = methanol supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.1.4	S1 = own breath, S2 = >0.03 g/210 L, S3 = methanol supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.2.2	S1 = isopropanol supplemented simulator solution, S2 = isopropanol supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.2.3	S1 = own breath, S2 = isopropanol supplemented simulator solution, S3 = isopropanol supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.3.2	S1 = acetone supplemented simulator solution, S2 = acetone supplemented simulator solution	Interferent Detected or w/in OIML specification	☐
4.4.14.3.3	S1 = own breath, S2 = acetone supplemented simulator solution, S3 = acetone supplemented simulator solution	Interferent Detected or w/in OIML specification	☐

4.5 - Certification Expired

4.5.1	Ensure the certification due date is 180 days from the current date		☐
4.5.2-4.5.4	Change tank expiration to beyond 180 days and the date to the day before due date and the time to 23:58, ensure instrument is disabled upon advancement to the next day		☐
4.5.5	Return to current date and time and correct tank information		☐

4.6 - Daylight Saving Time Transition Verification

4.6.1	Change the date to the next Spring transition date and time to 1:58 AM. Verify that the time changes correctly.		☐
4.6.2	Change the date to the day before the next Autumn/Fall transition date and the time to 11:50 PM. Verify that the time changes correctly.		☐
4.6.3	Return to current date and time		☐

4.7 - Perform Instrument Certification

4.7.1	Notation in BrAD as "Accepted and Certified"		☐
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Instrument Acceptance for the Alcotest 9510 Completed by:

Examiner

Print Name: _____

Signature: _____

Date: _____

Approved for evidential use:

Yes ☐

No ☐

Approver:

Print Name: _____

Signature: _____

Date: _____