



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

received 9/14/14-cd **REPORT #7**

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

**REVIEWED** instrument is repaired.  
 By Carol Day at 11:16 am, Sep 25, 2014

ALCO SENSOR IV SN 21574	PRINTER SN 097.3584.032	DATE OF INSPECTION 09/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Midland Empire Alcholo Task Force Breath Alcohol Test Truck		TIME OF INSPECTION 2:33 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 # AG228503 EXP. DATE 10/11/2014

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 .097 TEST 2 .097 TEST 3 .097

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).

Instrument operating within all limits set forth by the Missouri Department of Health. 0.100 Dry Gas Standard, Lot #AG228503 Tank 22

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Larry R. Stobbs Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 230311 12/11/2015	TELEPHONE NUMBER (816) 236-1474

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



Airgas Mid America LABORATORY  
 3500 Hemard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-4100  
 Fax: (314) 533-7328

Certificate of Analysis

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

Test Date 11-Oct-2012

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u> 10/17/2014	<u>Cyl. Type</u> 10B	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
--------------------------------	-------------------------	---	--

Lot # AG226503

Certification Traceable to NIST, RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010561	321.5 ppm	EB0010562	290.8 ppm
EB0010570	253.4 ppm	EB0010563	252.3 ppm
EB0010295	203.9 ppm	EB0010565	203.2 ppm
EB0010564	107.9 ppm	EB0010562	104.9 ppm
EB0010567	52.0 ppm	EB0010572	52.4 ppm

Analytical Method NDIR

Analyst: *[Signature]*

ISO 17025:2005 A2LA accredited. Certificate Number 2050.01

AS IU Serial no: 021574  
Version no: 7409

TEST RECORD 01449

Temp Date Time 210L  
s/

Air Blank:  
09/05/14 14:33 .000  
Subject Test: Man  
22 09/05/14 14:33 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 021574  
Version no: 7409

TEST RECORD 01450

Temp Date Time 210L  
s/

Air Blank:  
09/05/14 14:35 .000  
Subject Test: Man  
22 09/05/14 14:35 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 021574  
Version no: 7409

TEST RECORD 01452

Temp Date Time 210L  
s/

Air Blank:  
09/05/14 14:39 .000  
Subject Test: Man  
23 09/05/14 14:39 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 021574  
Version no: 7409

TEST RECORD 01453

Temp Date Time 210L  
s/

Void: RPI  
12 09/05/14 14:48

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

2

**PERMIT  
 TYPE II**

**LARRY R STOBBS JR**

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, DATAMASTER**

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 12/11/2013

NUMBER 230311

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

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 STOBBS JR, LARRY  
 Permit No 230311  
 Date Issued 12/11/2013 Date Expires 12/11/2015