



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

received 8/10/14-cd

REPORT#7

**REVIEWED**  
 By Carol Day at 9:43 am, Aug 28, 2014

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

ALCO SENSOR IV SN 030541	PRINTER SN 95.111.053	DATE OF INSPECTION 8-2-14
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON, ST. JOSEPH MO		TIME OF INSPECTION 2152

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 (1 O-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 # AG300201 EXP. DATE 01-02-2015

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 - .103	TEST 2 - .102	TEST 3 - .102
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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)	1	(.05-.09)	4	(.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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ROBERT PAUL
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230306/ 12-11-2015	TELEPHONE NUMBER 816-271-4777
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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 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

### Certificate of Analysis

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

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Lot # AG300201

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03605

Temp Date Time 2101  
s/

Air Blank:  
08/02/14 21:54 .000  
Calibration Check:  
20 08/02/14 21:54 .103

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Paul 5444*  
Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03606

Temp Date Time 2101  
s/

Air Blank:  
08/02/14 21:57 .000  
Calibration Check:  
21 08/02/14 21:57 .102

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Paul 5444*  
Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03607

Temp Date Time 2101  
s/

Air Blank:  
08/02/14 21:59 .000  
Calibration Check:  
21 08/02/14 21:59 .102

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Paul 5444*  
Location

AS IV Serial no: 030451  
Version no: 7410

TEST RECORD 03608

Temp Date Time 2101  
s/

Void: RFI  
12 08/02/14 22:01

Subject Name

Subject I.D.

Operator Name, I.D.

*Robert Paul 5444*  
Location



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

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**PERMIT  
TYPE II**

**ROBERT L PAUL**

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.

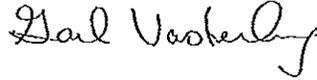
DATE 12/11/2013

NUMBER 230306

EXPIRES 12/11/2015

MO 680-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (PG-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 PAUL, ROBERT  
Permit No 230306  
Date Issued 12/11/2013 Date Expires 12/11/2015