



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

RECEIVED
By Carol Day at 8:38 am, Jan 23, 2014

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 030798	PRINTER SN 91.9821.035	DATE OF INSPECTION 1-17-14
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. 2nd St. St. Charles		TIME OF INSPECTION 1020

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 24°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY 1025 1-17-14

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Toximeters LOT # AG230602 EXP. DATE 11-1-14	
<input type="checkbox"/> 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 081	TEST 2 080	TEST 3 079
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RFI DETECTOR OPERATING **passed**

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)	1 (.10-.14)	2 (.15-.19)	3 (OVER .19)	1
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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).

**Tru Cal. 079
Changed 9V Battery**

INSPECTING OFFICER	
SIGNATURE Michael C. Hoefle	PRINT NAME Michael C. Hoefle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220180 8-3-14	TELEPHONE NUMBER 636-949-0809

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: 1-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

Exp. Date
 11/1/2014

Cyl. Type
 108

Component
 Ethanol
 Nitrogen

Certified Concentration
 0.080 ± 0.002 BrAC (218 ppm)
 Balance

Lot # AG230602

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

<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm
EB0010570	258.4 ppm
EB0010285	208.9 ppm
EB0010561	101.9 ppm
EB0010681	53.0 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	390.9 ppm
EB0010569	258.3 ppm
EB0010595	209.2 ppm
EB0010562	104.9 ppm
EB0010579	62.4 ppm

Analytical Method: NDIR

Analyst: *[Signature]*

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00875

Temp Date Time 210L s/
Air Blank: 01/17/14 10:26 .000
Calibration Check: 24 01/17/14 10:26 .001

Subject Name

Subject I.D.

Operator Name, I.D.
Hochle SPO

Location
301 West St

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00876

Temp Date Time 210L s/
Air Blank: 01/17/14 10:28 .000
Calibration Check: 24 01/17/14 10:28 .000

Subject Name

Subject I.D.

Operator Name, I.D.
Hochle SPO

Location
301 West St

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00877

Temp Date Time 210L s/
Air Blank: 01/17/14 10:29 .000
Calibration Check: 25 01/17/14 10:29 .079

Subject Name

Subject I.D.

Operator Name, I.D.
Hochle SPO

Location
301 West St

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00878

Temp Date Time 210L s/
Void: RFI 12 01/17/14 10:31

Subject Name

Subject I.D.

Operator Name, I.D.
Hochle SPO

Location
301 West St

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL C HOEFLE

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

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1988.

Date 08/03/2012

Number 220180

Expires 08/03/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)