



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

RECEIVED 3/14/14-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 9:19 am, Mar 14, 2014

ALCO SENSOR IV SN 030788	PRINTER SN 91.9821.035	DATE OF INSPECTION 3-1-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. 22nd St. St. Charles	TIME OF INSPECTION 2210
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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 2214 3-1-14

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters 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 = .079	TEST 2 = .079	TEST 3 = .078
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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)	0	(.10-.14)	2	(.15-.19)	1	(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).

Tru Cal .079

INSPECTING OFFICER	PRINT NAME Michael C Hoefle
SIGNATURE <i>Michael C Hoefle</i>	TELEPHONE NUMBER 636-949-0809
TYPE II PERMIT NUMBER/EXPIRATION DATE 22000 8-3-14	

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:

<u>Exp. Date</u> 11/1/2014	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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Lot # AG230602

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	391.6 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	63.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00903

Temp Date Time 219L 9/

Air Blank: 03/01/14 22:15 .000
Calibration Check: 24 03/01/14 22:15 .079

Subject Name

Subject I.D.

Operator Name, I.D. *Hele 510*
Location *DC*

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00904

Temp Date Time 219L 9/

Air Blank: 03/01/14 22:17 .000
Calibration Check: 24 03/01/14 22:17 .079

Subject Name

Subject I.D.

Operator Name, I.D. *Hele 510*
Location *DC*

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 00905

Temp Date Time 219L 9/

Air Blank: 03/01/14 22:19 .000
Calibration Check: 25 03/01/14 22:19 .078

Subject Name

Subject I.D.

Operator Name, I.D. *Hele 510*
Location *DC*

AS IV Serial no: 030798
Version no: 004C

TEST RECORD 04905

Temp Date Time 219L 9/

Void: RFI
12 03/01/14 22:20

Subject Name

Subject I.D.

Operator Name, I.D. *Hele 510*
Location *DC*



P E R M I T
T Y P E I I



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 1986.

Date 08/03/2012

Number 220180

Expires 08/03/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 690-0771 (7-88)

Lab. 4 (R7-88)