



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

REPORT #7

**RECEIVED**

By Carol Day at 11:42 am, Dec 08, 2014

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

ALCO SENSOR IV SN <b>030798</b>	PRINTER SN <b>91.9821.035</b>	DATE OF INSPECTION <b>12-5-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 Sheriff Dierker Ct. O'Fallon 63366</b>		TIME OF INSPECTION <b>0930</b>

**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)	<b>passed</b>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<b>21°C</b>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<b>passed</b>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<b>0943 12-5-14</b>

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <b>Intoximeters</b>	LOT # <b>A6402703</b> EXP. DATE <b>1-27-16</b>
<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 • <b>.079</b>	TEST 2 • <b>.078</b>	TEST 3 • <b>.077</b>
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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	<b>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>0</b>
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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).

**Replaced internal printer battery**

**INSPECTING OFFICER**

SIGNATURE <i>Michael C. Hoettle</i>	PRINT NAME <b>Michael C. Hoettle</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240296 7-15-16</b>	TELEPHONE NUMBER <b>636-949-0809</b>

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 USA LLC (LAB)  
 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: 28-Jan-2014

Lot # AG402703

<u>Exp. Date</u> 27-Jan-2016	<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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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	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2014.01.28 12:39:44 -06:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala  
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



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



PERMIT  
 TYPE II

MICHAEL C HOEFLE

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

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 806.111 through 806.119 RSMo.

DATE 7/15/2014

NUMBER 240296

EXPIRES 7/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-0771 (6-10)

LAB-6100-10



**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 HOEFLE, MICHAEL  
 Permit No 240296  
 Date Issued 7/15/2014 Date Expires 7/15/2016

AS IV Serial no: 000798  
Version no: 532B

TEST RECORD 00076  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/05/14 09:44 .000  
Calibration Check:  
21 12/05/14 09:44 .079

Subject Name

Subject I.D.

Operator Name, I.D.

*Hoche 510*  
Location  
*101 Sher. F. Dicker Ct*

AS IV Serial no: 000798  
Version no: 532B

TEST RECORD 00077  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/05/14 09:46 .000  
Calibration Check:  
22 12/05/14 09:46 .078

Subject Name

Subject I.D.

Operator Name, I.D.

*Hoche 510*  
Location  
*101 Sher. F. Dicker Ct*

AS IV Serial no: 000798  
Version no: 532B

TEST RECORD 00078  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/05/14 09:48 .000  
Calibration Check:  
23 12/05/14 09:48 .077

Subject Name

Subject I.D.

Operator Name, I.D.

*Hoche 510*  
Location  
*101 Sher. F. Dicker Ct*

AS IV Serial no: 000798  
Version no: 532B

TEST RECORD 00079  
Temp Date Time 210L <sup>g/</sup>

UID: RFI  
12 12/05/14 09:49

Subject Name

Subject I.D.

Operator Name, I.D.

*Hoche 510*  
Location  
*101 Sher. F. Dicker Ct*