MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 2:26 pm, 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	PRINTER SN	DATE OF INSPECTION
035485	096 3580. 926	1-17-14

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
101 Sheriff Dierker Ct O'Fallon	755

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) passed
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 19°C 24°C After recal
- [x] PRINTER WORKING PROPERLY passed
- [x] TIME AND DATE DISPLAYING PROPERLY 0802 1-17-14

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER Intoximeters LOT # AG230602 EXP. DATE 11-1-14
- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____
- [x] 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
  - [x] 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	TEST 2	TEST 3
.078	.078	.079

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	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).

Tru Cal . 079
ReCalibration #790 1-17-14 0810 . 079

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Michael C. Hoefle	Michael C. Hoefle

TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220180 8-3-14	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

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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	Cyl. Type	Component	Certified Concentration
11/1/2014	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	Balance

Lot # AG230602

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

Serial No.	Concentration	Serial No.	Concentration
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
EB0010581	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: _____

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

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AS IV Serial no: 035485
Version no: 004C

TEST RECORD 00792

Temp	Date	Time	g/210L
Air Blank:			
	01/17/14	08:18	.000
Calibration Check:			
24	01/17/14	08:18	.078

Subject Name

Subject I.D.

Operator Name, I.D.
Hoelle 510

Location
101 Sheriff Dierker CF

AS IV Serial no: 035485
Version no: 004C

TEST RECORD 00793

Temp	Date	Time	g/210L
Air Blank:			
	01/17/14	08:20	.000
Calibration Check:			
25	01/17/14	08:20	.078

Subject Name

Subject I.D.

Operator Name, I.D.
Hoelle 510

Location
101 Sheriff Dierker CF

AS IV Serial no: 035485
Version no: 004C

TEST RECORD 00794

Temp	Date	Time	g/210L
Air Blank:			
	01/17/14	08:22	.000
Calibration Check:			
25	01/17/14	08:22	.079

Subject Name

Subject I.D.

Operator Name, I.D.
Hoelle 510

Location
101 Sheriff Dierker CF

AS IV Serial no: 035485
Version no: 004C

TEST RECORD 00795

Temp	Date	Time	g/210L
Void: RFI			
12	01/17/14	08:23	

Subject Name

Subject I.D.

Operator Name, I.D.
Hoelle 510

Location
101 Sheriff Dierker CF

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
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 1986.

Date 08/03/2012

Number 220180

Expires 08/03/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-89)