



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

RECEIVED
 By Carol Day at 3:39 pm, Apr 28, 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 035485	PRINTER SN 096.3580.926	DATE OF INSPECTION 4-27-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct O'Fallon	TIME OF INSPECTION 2325
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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.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) **passed**

TEMPERATURE OF ALCO SENSOR (10°C - 40°C) **26° C**

PRINTER WORKING PROPERLY **passed**

TIME AND DATE DISPLAYING PROPERLY **2328 4-27-14**

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Intoximeter** LOT # **A6402703** EXP. DATE **1-27-16**

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 = .077	TEST 2 = .077	TEST 3 = .077
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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) 1	(.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).

Tru Cal .078

INSPECTING OFFICER

SIGNATURE Michael C. Hoyle	PRINT NAME Michael C. Hoyle
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TYPE II PERMIT NUMBER/EXPIRATION DATE 270180 8-3-14	TELEPHONE NUMBER 636-949-0809
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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 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>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-Jan-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm) Balance

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

AS IV Serial no: 035485
Version no: 532B

TEST RECORD 00025

Temp Date Time 210L 9/

Air Blank: 04/27/14 23:28 .000
Calibration Check: 26 04/27/14 23:28 .077

Subject Name

Subject I.D.

Operator Name, I.D.

Location

101 Sheriff P. Dieker G

AS IV Serial no: 035485
Version no: 532B

TEST RECORD 00026

Temp Date Time 210L 9/

Air Blank: 04/27/14 23:30 .000
Calibration Check: 26 04/27/14 23:30 .077

Subject Name

Subject I.D.

Operator Name, I.D.

Location

101 Sheriff P. Dieker G

AS IV Serial no: 035485
Version no: 532B

TEST RECORD 00027

Temp Date Time 210L 9/

Air Blank: 04/27/14 23:32 .080
Calibration Check: 27 04/27/14 23:32 .077

Subject Name

Subject I.D.

Operator Name, I.D.

Location

101 Sheriff P. Dieker G

AS IV Serial no: 035485
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L 9/

UNID: RF1
12 04/27/14 23:33

Subject Name

Subject I.D.

Operator Name, I.D.

Location

101 Sheriff P. Dieker G

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 1986.

Date 08/03/2012

Number 220180

Expires 08/03/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-88)