



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

**RECEIVED**  
 By Carol Day at 8:48 am, May 30, 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 <b>035485</b>	PRINTER SN <b>096.3580.926</b>	DATE OF INSPECTION <b>5-30-14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 Sheriff Dierker Ct. O'Fallon</b>		TIME OF INSPECTION <b>0015</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>27°C</b>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY <b>passed</b>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <b>0019 5-30-14</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>.081</b>	TEST 2 <b>.080</b>	TEST 3 <b>.080</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>3</b> (.15-.19)	<b>1</b> (OVER .19)
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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**

<b>INSPECTING OFFICER</b>	
SIGNATURE <b>Michael C. Hoyle</b>	PRINT NAME <b>Michael C. Hoyle</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>280180 8-3-14</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>	<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 analysts  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 00637

Temp Date Time 218L  
VOID: RFI  
12 05/30/14 00:26  
Subject Name

Subject I.D.

Operator Name, I.D.  
*Apple S10*  
Location  
*101 Gen. F. Dieter Ct.*

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 00636

Temp Date Time 218L  
Air Blank:  
05/30/14 00:24 .000  
Calibration Check:  
28 05/30/14 00:24 .000  
Subject Name

Subject I.D.

Operator Name, I.D.  
*Apple S10*  
Location  
*101 Gen. F. Dieter Ct.*

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 00635

Temp Date Time 218L  
Air Blank:  
05/30/14 00:22 .000  
Calibration Check:  
28 05/30/14 00:22 .000  
Subject Name

Subject I.D.

Operator Name, I.D.  
*Apple S10*  
Location  
*101 Gen. F. Dieter Ct.*

AS IV Serial no: 035495  
Version no: 532B

TEST RECORD 00034

Temp Date Time 218L  
Air Blank:  
05/30/14 00:21 .000  
Calibration Check:  
27 05/30/14 00:21 .001  
Subject Name

Subject I.D.

Operator Name, I.D.  
*Apple S10*  
Location  
*101 Gen. F. Dieter Ct.*

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 580-0771 (7-85)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)