



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

RECEIVED 3/21/14-CD
 REPORT #7

REVIEWED

By Carol Day at 3:45 pm, Mar 31, 2014, rd.

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

ALCO SENSOR IV SN 043579	PRINTER SN 91.2821.022	DATE OF INSPECTION 3-9-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct. O'Fallon	TIME OF INSPECTION 0746
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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) 22°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY 0751 3-9-14

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 • .080	TEST 2 • .079	TEST 3 • .080
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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)	1	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	2
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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 .080

Time Charge for Daylight Savings

INSPECTING OFFICER	
SIGNATURE <i>Michael C. Hoelle</i>	PRINT NAME Michael C. Hoelle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220180 3-3-14	TELEPHONE NUMBER 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



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 10 Serial no: 015575
Version nos 0040

TEST RECORD 0172 ✓

Temp Date Time 2100

Air Blank
03/09/14 07:51 .000
Calibration Check:
20 03/09/14 07:51 .000

Subject Name

Subject I.D.

Operator Name: I.D.
Hoche 570
101 Sheriff Dierker Ct

AS 10 Serial no: 040079
Version nos 0040

TEST RECORD 0176 ✓

Temp Date Time 2101

Air Blank
03/09/14 07:50 .000
Calibration Check:
20 03/09/14 07:50 .079

Subject Name

Subject I.D.

Operator Name: I.D.
Hoche 570
101 Sheriff Dierker Ct

AS 10 Serial no: 260075
Version nos 0040

TEST RECORD 0174 ✓

Temp Date Time 2100

Air Blank
03/09/14 07:55 .000
Calibration Check:
20 03/09/14 07:55 .000

Subject Name

Subject I.D.

Operator Name: I.D.
Hoche 570
101 Sheriff Dierker Ct

AS 10 Serial no: 040075
Version nos 0040

TEST RECORD 0170 ✓

Temp Date Time 2100

Air Blank
03/09/14 07:50

Subject Name

Subject I.D.

Operator Name: I.D.
Hoche 570
101 Sheriff Dierker 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

Director of State Public Health Laboratory

Director, Department of Health

MO 660-0771 (7-66)

Lab. 4 (R7-66)