



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

**RECEIVED**  
 By Carol Day at 8:57 am, Nov 10, 2014 REPORT #7

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<br><b>043579</b>   | PRINTER SN<br><b>91.9821.022</b> | DATE OF INSPECTION<br><b>11-6-14</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>101 Sheriff Dieter Ct. O'Fallon</b> |                                  | TIME OF INSPECTION<br><b>0720</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>0728 11-6-14</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>AG402703</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>078</b> |
|---------------------|---------------------|---------------------|

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> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

|  |   |
|--|---|
| <b>INSPECTING OFFICER</b>                                      |   |
| SIGNATURE<br><i>Michael C. Hoefle</i>                          | PRINT NAME<br><b>Michael C. Hoefle</b>  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>240296 7-15-16</b> | TELEPHONE NUMBER<br><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><br>27-Jan-2016 | <u>Cyl. Type</u><br>108 | <u>Component</u><br>Ethanol<br>Nitrogen | <u>Certified Concentration</u><br>0.080 ± 0.002 BrAC (218 ppm)<br>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

**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-4 (R6-10)



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: 043579  
Version no: 5323

TEST RECORD 00101

| Temp               | Date     | Time     | g/         |
|--------------------|----------|----------|------------|
| Air Blank:         | 11/06/14 | 07:29    | .000       |
| Calibration Check: | 21       | 11/06/14 | 07:29 .079 |

Subject Name

Subject I.D.

Operator Name: I.D.  
*forle 570*  
Location  
*101 Steven P Diener*

AS IV Serial no: 043579  
Version no: 5323

TEST RECORD 00102

| Temp               | Date     | Time     | g/         |
|--------------------|----------|----------|------------|
| Air Blank:         | 11/06/14 | 07:31    | .000       |
| Calibration Check: | 22       | 11/06/14 | 07:31 .079 |

Subject Name

Subject I.D.

Operator Name: I.D.  
*forle 570*  
Location  
*101 Steven P Diener*

AS IV Serial no: 043579  
Version no: 5323

TEST RECORD 00103

| Temp               | Date     | Time     | g/         |
|--------------------|----------|----------|------------|
| Air Blank:         | 11/06/14 | 07:32    | .000       |
| Calibration Check: | 23       | 11/06/14 | 07:32 .079 |

Subject Name

Subject I.D.

Operator Name: I.D.  
*forle 570*  
Location  
*101 Steven P Diener*

AS IV Serial no: 043579  
Version no: 5323

TEST RECORD 00104

| Temp      | Date | Time     | g/    |
|-----------|------|----------|-------|
| VOID: RTI | 12   | 11/06/14 | 07:34 |

Subject Name

Subject I.D.

Operator Name: I.D.  
*forle 570*  
Location  
*101 Steven P Diener*

5