



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 043579 | PRINTER SN 91.9821.022 | DATE OF INSPECTION 12-5-14 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Diertker Ct. O'Fallon 63366 | | TIME OF INSPECTION 0850 |

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) 21°c |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY passed |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY 0856 12-5-14 |

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 # A6402703 EXP. DATE 1-27-16 | |
| <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 • .079 |
|----------------------|----------------------|----------------------|

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) 0 | (.15-.19) 0 | (OVER .19) 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).

| | |
|---|---|
| INSPECTING OFFICER | |
| SIGNATURE Michael C. Hoefle | PRINT NAME Michael C. Hoefle |
| TYPE / PERMIT NUMBER/EXPIRATION DATE 240296 7-15-16 | 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 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

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-580-9773 (6-10)

LAB-4 (P.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: 532B

TEST RECORD 00105
Temp Date Time 210L
s/

Air Blank:
12/05/14 08:57 .000
Calibration Check:
21 12/05/14 08:57 .000

Subject Name

Subject I.D.

Operator Name, I.D.
Hoche 510
Location
101 Sheriff Dierker Ct

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00106
Temp Date Time 210L
s/

Air Blank:
12/05/14 08:59 .000
Calibration Check:
21 12/05/14 08:59 .079

Subject Name

Subject I.D.

Operator Name, I.D.
Hoche 510
Location
101 Sheriff Dierker Ct

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00107
Temp Date Time 210L
s/

Air Blank:
12/05/14 09:00 .000
Calibration Check:
22 12/05/14 09:00 .079

Subject Name

Subject I.D.

Operator Name, I.D.
Hoche 510
Location
101 Sheriff Dierker Ct

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00108
Temp Date Time 210L
s/

VOID: RFI
12 12/05/14 09:00

Subject Name

Subject I.D.

Operator Name, I.D.
Hoche 510
Location
101 Sheriff Dierker Ct