MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:24 am, Dec 19, 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	PRINTER SN	DATE OF INSPECTION
062088	096.3580.929	12/18/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
7447 Dale Avenue, Richmond Heights MO 63117	10:34 am

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)
- ☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- ☑ PRINTER WORKING PROPERLY
- ☑ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☑ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER Airgas LOT # AG414901 EXP. DATE 01/26/2016

☐ 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 ☛ 0.082%	TEST 2 ☛ 0.082%	TEST 3 ☛ 0.082%

☑ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	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	PRINT NAME
▸ P.O. Stewart Deken 151	P.O. Stewart Deken, 151
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220402 12/20/2014	(314) 647-5656

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: 1-Jun-2014

Lot # AG414901

Exp. Date	Cyl. Type	Component	Certified Concentration
29-Jan-2016	30	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
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: 2014.06.02 10:51:00 -05:00
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: 062088
Version no: 532B

TEST RECORD 00182

Temp	Date	Time	9/ 210L
Air Blank:			
	12/18/14	10:39	.000
Calibration Check:			
24	12/18/14	10:39	.082

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Deter, 151

Location
RHD

AS IV Serial no: 062088
Version no: 532B

TEST RECORD 00181

Temp	Date	Time	9/ 210L
Air Blank:			
	12/18/14	10:37	.000
Calibration Check:			
22	12/18/14	10:37	.082

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Deter, 151

Location
RHD

AS IV Serial no: [illegible]
Version no: 532B

TEST RECORD [illegible]

Temp	Date	Time
Air Blank:		
	12/18/14	10:3[illegible]
Calibration Check:		
22	12/18/14	10:3[illegible]

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Deter, 151

Location
RHD

AS IV Serial no: 062088
Version no: 532B

TEST RECORD 00183

Temp	Date	Time	9/ 210L
UDIDs RFI			
12	12/18/14	10:40	

Subject Name
RFI Test

Subject I.D.

Operator Name, I.D.
Deter, 151

Location
RHD

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

STEWART J DEKEN

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 12/20/2012

Number 220402

Expires 12/20/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

MO 550-0771 (7-89)