



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

**RECEIVED**  
 By Carol Day at 8:56 am, Dec 12, 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 097432	PRINTER SN 84.9324.045	DATE OF INSPECTION 12/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon		TIME OF INSPECTION 2000

**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)	20°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	12/11/2014 2000

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters, Inc.	LOT # AG402703 EXP. DATE 01/27/2016
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN SIMULATOR EXP DATE
<input checked="" type="checkbox"/> 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 • .081	TEST 2 • .081	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) 1	(.10-.14) 3	(.15-.19) 2	(OVER .19) 0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Deputy Fournell, D. DSN 570
TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 - 06/13/2016	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

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**PERMIT  
 TYPE II**

**DAVID FOURNELL**

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 306.111 through 306.119 RSMo.

DATE 6/13/2014

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240274

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/13/2016

 **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 FURNELL, DAVID  
 Permit No 240274  
 Date Issued 6/13/2014 Date Expires 6/13/2016

AS IV Serial no: 097432  
Version no: 532B

TEST RECORD 00138  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/11/14 20:06 .000  
Calibration Check:  
20 12/11/14 20:06 .001

Subject Name  
Subject I.D.

Operator Name, I.D.  
FOURNELL, D. 570  
Location

101 SHERIFF DRIVE CT  
O'FALLON, MO

AS IV Serial no: 097432  
Version no: 532B

TEST RECORD 00139  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/11/14 20:08 .000  
Calibration Check:  
21 12/11/14 20:08 .001

Subject Name  
Subject I.D.

Operator Name, I.D.  
FOURNELL, D. 570  
Location

101 SHERIFF DRIVE CT  
O'FALLON, MO

AS IV Serial no: 097432  
Version no: 532B

TEST RECORD 00140  
Temp Date Time 210L <sup>g/</sup>

Air Blank:  
12/11/14 20:10 .000  
Calibration Check:  
22 12/11/14 20:10 .000

Subject Name  
Subject I.D.

Operator Name, I.D.  
FOURNELL, D. 570  
Location

101 SHERIFF DRIVE CT  
O'FALLON, MO

AS IV Serial no: 097432  
Version no: 532B

TEST RECORD 00141  
Temp Date Time 210L <sup>g/</sup>

VOID: RFI  
12 12/11/14 20:11

Subject Name  
Subject I.D.

Operator Name, I.D.  
FOURNELL, D. 570  
Location

101 SHERIFF DRIVE CT  
O'FALLON, MO