MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 11:36 am, Oct 02, 201

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
102458	3093.3578.252	10/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
600 E. Walnut, Columbia		3:15 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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

- [x] STANDARD SUPPLIER Intoximeters LOT # AG414902 EXP. DATE 05/29/2016

- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

- [x] 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)
  - [x] 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 ☛ .102	TEST 2 ☛ .102	TEST 3 ☛ .102

- [x] 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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	2	(OVER .19)	1

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
▸	Nathan Turner
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220411 12/20/2014	(573) 874-7652

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: 2-Jun-2014

Lot # AG414902

Exp. Date	Cyl. Type	Component	Certified Concentration
29-May-2016	55	Ethanol	0.100 ± 2% BrAC (272 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: 2014.06.03 09:10:02 -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: 102458
Version no: 004C

TEST RECORD 01004

Temp	Date	Time	9/ 210L

Air Blank:
10/02/14 03:18 .000
Calibration Check:
23 10/02/14 03:18 .102

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Turner 1985

Location
CPD

AS IV Serial no: 102458
Version no: 004C

TEST RECORD 01002

Temp	Date	Time	9/ 210L

Air Blank:
10/02/14 03:15 .000
Calibration Check:
21 10/02/14 03:15 .102

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Turner 1985

Location
CPD

AS IV Serial no: 102458
Version no: 004C

TEST RECORD 01005

Temp	Date	Time	9/ 210L

Void: RFI
12 10/02/14 03:19

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Turner 1985

Location
CPD

AS IV Serial no: 102458
Version no: 004C

TEST RECORD 01003

Temp	Date	Time	9/ 210L

Air Blank:
10/02/14 03:17 .000
Calibration Check:
22 10/02/14 03:17 .102

Subject Name
Test

Subject I.D.

Operator Name, I.D.
Turner 1985

Location
CPD