



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

received 8/11/14-cd ^{REPORT #7}

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and when the instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

REVIEWED
 By Carol Day at 11:29 am, Aug 28, 2014

ALCO SENSOR IV SN 104641	PRINTER SN 096.3580.931	DATE OF INSPECTION 08/02/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Main St, O'Fallon, Mo 63366	TIME OF INSPECTION 5:24 am
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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 Intoximeters LOT # AG332901 EXP. DATE 11/25/2015

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 .083%

TEST 2 .083%

TEST 3 .083%

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Chris Sinnokrak
TYPE II PERMIT NUMBER/EXPIRATION DATE 240284/6-13-2016	TELEPHONE NUMBER (636) 240-3200

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: 25-Nov-2013

Lot # AG332901

<u>Exp. Date</u> 25-Nov-2015	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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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: 2013.12.05 09:29:43 -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

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 00115

Temp Date Time 210L %/

Air Blank: 08/02/14 05:24 .000

Calibration Check: 24 08/02/14 05:24 .083

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

SINDBRAK 334
Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 00116

Temp Date Time 210L %/

Air Blank: 08/02/14 05:26 .000

Calibration Check: 25 08/02/14 05:26 .083

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

SINDBRAK 334
Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 00117

Temp Date Time 210L %/

Air Blank: 08/02/14 05:27 .000

Calibration Check: 26 08/02/14 05:27 .083

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

SINDBRAK 334
Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 00118

Temp Date Time 210L %/

VOID: RFI 12 08/02/14 05:28

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

SINDBRAK 334
Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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**PERMIT
TYPE II**

CHRIS SINNOKRAK

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, INTOX EC/IR II

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

NUMBER 240284

EXPIRES 6/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 SINNOKRAK, CHRIS
Permit No 240284
Date Issued 6/13/2014 Date Expires 6/13/2016