



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

REPORT #7

**RECEIVED**  
 By Carol Day at 8:14 am, Dec 31, 2014

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

ALCO SENSOR IV SN 108388 - St. Louis County PD	PRINTER SN 099.3586.815	DATE OF INSPECTION 12/17/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) MODOT T.M.C. - 14301 South Outer 40 Road, Town & Country, MO 63017	TIME OF INSPECTION 10:31 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) *24°C*
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG418902</u> EXP. DATE <u>07/08/2016</u>	
<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)

- 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 <i>☛</i> .098	TEST 2 <i>☛</i> .100	TEST 3 <i>☛</i> .096
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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) <b>2</b>	(.15-.19) <b>1</b>	(OVER .19)
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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 <i>D. Rose</i>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 230253 11/12/2015	TELEPHONE NUMBER (314) 889-2341

**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

AS IV Serial no: 108388  
Version no: 532B

TEST RECORD 00109

Temp	Date	Time	s/ 210L
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Air Blank:  
12/17/14 10:31 .000  
Calibration Check:  
24 12/17/14 10:31 .098

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC/2721

Location

MODOT TMC

AS IV Serial no: 108388  
Version no: 532B

TEST RECORD 00110

Temp	Date	Time	s/ 210L
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Air Blank:  
12/17/14 10:33 .000  
Calibration Check:  
25 12/17/14 10:33 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC/2721

Location

MODOT TMC

AS IV Serial no: 108388  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00111

Temp	Date	Time	s/ 210L
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Air Blank:  
12/17/14 10:35 .000  
Calibration Check:  
26 12/17/14 10:35 .096

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC/2721

Location

MODOT TMC

AS IV Serial no: 108388  
Version no: 532B

TEST RECORD 00112

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 12/17/14 10:37

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC/2721

Location

MODOT TMC



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:** 8-Jul-2014

**Lot # AG418902**

<b><u>Exp. Date</u></b> 8-Jul-2016	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (260 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>
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: 2014.07.08 16:23:57 -05:00  
 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 M ROSE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/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 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)