



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

**RECEIVED**  
 By Carol Day at 10:06 am, Oct 03, 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 108391	PRINTER SN 099.3586.818	DATE OF INSPECTION 10/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 600 East Walnut Columbia		TIME OF INSPECTION 3:10 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 Intoximeter LOT # AG414902 EXP. DATE 05/29/2016

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 ← .100	TEST 2 ← .100	TEST 3 ← .099
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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	(0-.04)	0	(.05-.09)	2	(.10-.14)	4	(.15-.19)	1	(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 Scott Lenger
TYPE II PERMIT NUMBER/EXPIRATION DATE 240278 / 06/13/2016	TELEPHONE NUMBER (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

<b>Exp. Date</b> 29-May-2016	<b>Cyl. Type</b> 55	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 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: 2014.06.03 09:10:02 -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**

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00141

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/02/14 03:15 .000  
Calibration Check:  
24 10/02/14 03:15 .100

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Scott Lowcock #2098

Location

CPD

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00143

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/02/14 03:18 .000  
Calibration Check:  
25 10/02/14 03:18 .099

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Scott Lowcock #2098

Location

CPD

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00142

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/02/14 03:17 .000  
Calibration Check:  
25 10/02/14 03:17 .100

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Scott Lowcock #2098

Location

CPD

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00144

Temp Date Time <sup>s/</sup> 210L

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

Subject Name

RFI!

Subject I.D.

Operator Name, I.D.

Scott Lowcock #2098

Location

CPD