



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

RECEIVED
 By Carol Day at 11:16 am, Nov 07, 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 11/05/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA, MISSOURI 65201	TIME OF INSPECTION 2:08 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 INTOXIMETER INC. 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 ➔ .101

TEST 2 ➔ .100

TEST 3 ➔ .100

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)	6	(.10-.14)	3	(.15-.19)	5	(OVER .19)	5
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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).

ADJUSTED TIME TO REFLECT DAYLIGHT SAVINGS

INSPECTING OFFICER

SIGNATURE 	PRINT NAME SCOTT LENGER
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240278 - 06/13/2016	TELEPHONE NUMBER (573) 874-7652
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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

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-May-2016	55	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2014.06.03 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 00166

Temp Date Time ^{a/} 210L

Air Blank:
11/05/14 02:13 .000
Calibration Check:
25 11/05/14 02:13 .101

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

SCOTT LOWCOX #2098

Location

CPD

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00168

Temp Date Time ^{a/} 210L

Air Blank:
11/05/14 02:16 .000
Calibration Check:
26 11/05/14 02:16 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

SCOTT LOWCOX #2098

Location

CPD

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00167

Temp Date Time ^{a/} 210L

Air Blank:
11/05/14 02:15 .000
Calibration Check:
26 11/05/14 02:15 .100

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

SCOTT LOWCOX #2098

Location

CPD

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00169

Temp Date Time ^{a/} 210L

VOID: RFI
12 11/05/14 02:17

Subject Name

RFI!

Subject I.D.

Operator Name, I.D.

SCOTT LOWCOX #2098

Location

CPD