



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

RECEIVED 1/24/14-CD

REPORT #7

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

REVIEWED instrument is repaired.
 By Carol Day at 11:48 am, Feb 04, 2014

ALCO SENSOR IV SN 43579	PRINTER SN 91.9821.022	DATE OF INSPECTION 1-17-14
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct O'Fallon		TIME OF INSPECTION 0720

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 21°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY 0723 1-17-14

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters	LOT # AG230602 EXP. DATE 11-1-14
<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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 = .080	TEST 2 = .079	TEST 3 = .079
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RFI DETECTOR OPERATING **passed**

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)	1	(.10-.14)	1	(.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).

Tru Cal - 079

INSPECTING OFFICER	
SIGNATURE <i>Michael C. Hoette</i>	PRINT NAME Michael C. Hoette
TYPE II PERMIT NUMBER/EXPIRATION DATE 220180 9-3-14	TELEPHONE NUMBER 636-949-0909

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 Mid America (LABORATORY)
 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: 1-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u> 11/1/2014	<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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Lot# AG230602

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	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	62.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial no: 043579
Version no: 0040

TEST RECORD 01156

Temp Date Time 2101 9/7
Air Blanks
01/17/14 07:24 .000
Calibration Check:
21 01/17/14 07:24 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location
Hoyle S10

101 Sheriff Dierker

AS IU Serial no: 043579
Version no: 0040

TEST RECORD 01157

Temp Date Time 2101 9/7
Air Blanks
01/17/14 07:26 .000
Calibration Check:
22 01/17/14 07:26 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Location
Hoyle S10

101 Sheriff Dierker Ct

AS IU Serial no: 043579
Version no: 0040

TEST RECORD 01158

Temp Date Time 2101 9/7
Air Blanks
01/17/14 07:27 .000
Calibration Check:
23 01/17/14 07:27 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Location
Hoyle S10

101 Sheriff Dierker Ct

AS IU Serial no: 043579
Version no: 0040

TEST RECORD 01159

Temp Date Time 2101 9/7
Void: REI
12 01/17/14 07:30

Subject Name

Subject I.D.

Operator Name, I.D.

Location
Hoyle S10

101 Sheriff Dierker Ct

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL C HOEFLE

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

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/03/2012

Number 220180

Expires 08/03/2014

MO 620-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-88)