



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

**RECEIVED** REPORT #7  
 By Carol Day at 8:30 am, Aug 10, 2015

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 035485	PRINTER SN 096.3580.926	DATE OF INSPECTION 08/06/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon		TIME OF INSPECTION 6:10 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	PASSED
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	23°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	08/06/2015 0610 HRS

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters, Inc.	LOT # AG402703 EXP. DATE 01/27/2016
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN SIMULATOR EXP DATE
<input checked="" type="checkbox"/> 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 • .079	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)	0	(.10-.14)	1	(.15-.19)	5	(OVER .19)	3
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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 Officer Fournell, D. DSN 570
TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 - 06/13/2016	TELEPHONE NUMBER (636) 949-3000

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:** 28-Jan-2014

**Lot # AG402703**

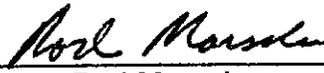
<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-Jan-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm) Balance

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	EB0010596	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: 2014.01.28 12:39:44 -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**



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

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**PERMIT  
TYPE II**

**DAVID FOURNELL**

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**

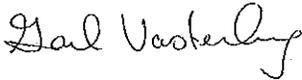
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/13/2014

NUMBER 240274

EXPIRES 6/13/2016

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **FOURNELL, DAVID**  
Permit No **240274**  
Date Issued **6/13/2014** Date Expires **6/13/2016**

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 06224 s/

Temp Date Time 210L

Air Blank: 08/06/15 06:10 .000  
Calibration Check: 23 08/06/15 06:10 .079

Subject Name

Subject I.D.

Operator Name, J.D.

FOURNELL 570  
Location

101 SHERIFF DIEMER CT

O'FALLON

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD - REPRINT

TEST RECORD 06225 s/

Temp Date Time 210L

Air Blank: 08/06/15 06:16 .000  
Calibration Check: 23 08/06/15 06:16 .079

Subject Name

Subject I.D.

Operator Name, J.D.

FOURNELL 570  
Location

101 SHERIFF DIEMER CT

O'FALLON

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 06226 s/

Temp Date Time 210L

Air Blank: 08/06/15 06:19 .000  
Calibration Check: 23 08/06/15 06:19 .079

Subject Name

Subject I.D.

Operator Name, J.D.

FOURNELL 570  
Location

101 SHERIFF DIEMER CT

O'FALLON

AS IV Serial no: 035485  
Version no: 532R

TEST RECORD 06227 s/

Temp Date Time 210L

VOID: RFI  
12 08/06/15 06:21

Subject Name

Subject I.D.

Operator Name, J.D.

FOURNELL 570  
Location

101 SHERIFF DIEMER CT

O'FALLON