



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

RECEIVED

By Carol Day at 4:13 pm, Oct 02, 2015

REPORT #7

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 043579	PRINTER SN 91.9821.022	DATE OF INSPECTION 10/01/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. 2nd. Street, St. Charles		TIME OF INSPECTION 5:45 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)	22°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	10/01/15 0546 hrs

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u>	LOT # <u>AG402703</u>	EXP. DATE <u>01/27/2016</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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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 • .082	TEST 2 • .080	TEST 3 • .080
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	PASSED
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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)	0	(.15-.19)	0	(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 Officer Fournell, D. DSN 570
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 - 06/13/2016	TELEPHONE NUMBER (636) 949-3000
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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: 28-Jan-2014

Lot # AG402703

Exp. Date

27-Jan-2016

Cyl. Type

108

Component

Ethanol
 Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)
 Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581
 EB0010570
 EB0010285
 EB0010561
 EB0010681

Concentration

391.8 ppm
 259.8 ppm
 209.0 ppm
 103.7 ppm
 52.22 ppm

Serial No.

EB0010603
 EB0010559
 EB0010595
 EB0010562
 EB0010579

Concentration

392.5 ppm
 258.9 ppm
 208.9 ppm
 104.9 ppm
 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):

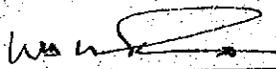
ALCO-SENSOR IV WITH PRINTER

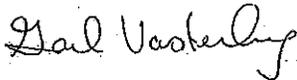
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/13/2014

NUMBER 240274

EXPIRES 6/13/2016


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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: 043579
Version no: 532B

TEST RECORD 00127
Temp Date Time 210L
s/

Air Blank:
10/01/15 05:46 .000
Calibration Check:
22 10/01/15 05:46 .002

Subject Name

Subject I.D.

Operator Name, I.D.

FOURZELL, D. 570
Location

301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00128
Temp Date Time 210L
s/

Air Blank:
10/01/15 05:47 .000
Calibration Check:
23 10/01/15 05:47 .000

Subject Name

Subject I.D.

Operator Name, I.D.

FOURZELL, D. 570
Location

301 N. 2ND ST

ST. CHARLES, MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00129
Temp Date Time 210L
s/

Air Blank:
10/01/15 05:49 .000
Calibration Check:
24 10/01/15 05:49 .000

Subject Name

Subject I.D.

Operator Name, I.D.

FOURZELL, D. 570
Location

301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00130
Temp Date Time 210L
s/

VOID: RFI
12 10/01/15 05:50

Subject Name

Subject I.D.

Operator Name, I.D.

FOURZELL, D. 570
Location

301 N. 2ND ST.

ST. CHARLES, MO