



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 1:49 pm, May 19, 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 062088	PRINTER SN 096.3580.929	DATE OF INSPECTION 05/15/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 7447 Dale Avenue, Richmond Heights, MO 63117		TIME OF INSPECTION 2:50 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 Intoximeters Inc. LOT # AG414901 EXP. DATE 01/29/2016

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 ➔ .081

TEST 2 ➔ .081

TEST 3 ➔ .081

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)	1	(.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 Sergeant Todd Melugin DSN 153
TYPE II PERMIT NUMBER/EXPIRATION DATE 240418 11/24/2016	TELEPHONE NUMBER (314) 647-5656

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: 1-Jun-2014

Lot # AG414901

Exp. Date  
29-Jan-2016

Cyl. Type  
30

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.082 ± 0.002 BrAC (223 ppm)  
Balance

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

Serial No.  
EB0010581  
EB0010570  
EB0010285  
EB0010561  
EB0010681

Concentration  
391.8 ppm  
269.8 ppm  
209.0 ppm  
103.7 ppm  
62.22 ppm

Serial No.  
EB0010603  
EB0010559  
EB0010595  
EB0010562  
EB0010579

Concentration  
392.5 ppm  
258.9 ppm  
208.9 ppm  
104.9 ppm  
62.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.06.02 10:51:00 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial no: 062088  
Version no: 532B

TEST RECORD 00308

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

Air Blank:  
05/15/15 02:50 .000  
Calibration Check:  
27 05/15/15 02:50 .081

Subject Name

Test

Subject I. N.

Sgt. [Signature]

Operator Name, I. N.

Location

AS IU Serial no: 062088  
Version no: 532B

TEST RECORD 00309

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

Air Blank:  
05/15/15 02:52 .000  
Calibration Check:  
27 05/15/15 02:52 .081

Subject Name

Test

Subject I. N.

Sgt. [Signature]

Operator Name, I. N.

Location

AS IU Serial no: 062088  
Version no: 532B

TEST RECORD 00310

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

Air Blank:  
05/15/15 02:54 .000  
Calibration Check:  
28 05/15/15 02:54 .081

Subject Name

Test

Subject I. N.

Sgt. [Signature]

Operator Name, I. N.

Location

AS IU Serial no: 062088  
Version no: 532B

TEST RECORD 00311

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

VOID: RFI  
12 05/15/15 02:55

Subject Name

RFI Test

Subject I. N.

Operator Name, I. N.

Sgt. [Signature]

Location



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



PERMIT  
TYPE II

TODD M MELUGIN

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 11/24/2014

NUMBER 240418

EXPIRES 11/24/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 MELUGIN, TODD  
Permit No 240418  
Date Issued 11/24/2014 Date Expires 11/24/2016