



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

REPORT #7

**RECEIVED**  
 By Carol Day at 8:16 am, Aug 10, 2015

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

ALCO SENSOR IV SN 097406	PRINTER SN 84.9324.050	DATE OF INSPECTION 08/04/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 111 E. Kelling Ave, Waverly, MO 64096	TIME OF INSPECTION 10:42 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 Intoximeters LOT # AG510002 EXP. DATE 04/10/2017

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 → .098

TEST 2 → .098

TEST 3 → .097

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)	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).

Meets DOH Standards

Monthly Accuracy Check

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Greg A. Andrews

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240419 11/24/2016

TELEPHONE NUMBER  
(660) 493-2914

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



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

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**PERMIT  
 TYPE II**

**GREG A ANDREWS**

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

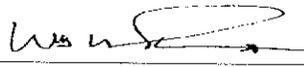
**ALCO-SENSOR IV WITH PRINTER**

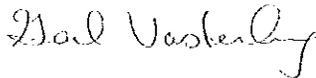
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/24/2014

NUMBER 240419

EXPIRES 11/24/2016

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 acting director  
 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 ANDREWS, GREG  
 Permit No 240419  
 Date Issued 11/24/2014 Date Expires 11/24/2016

# Intoximeters

0.100 BrAC

Dry Gas Standard  
(Ethanol, Balance Nitrogen)

Ethanol content equivalent to: **0.100 ± 2% BrAC (272 ppm)**

At Sea Level (pressure of 760 mm of Hg) when used with Intoximeters products

See altitude chart, or use a TRUE-CAL for conversion

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

CONTENTS: 108 LITERS @ 1200 psig @ 70 F°

Manufactured by Mid-America Airgas for:

## Intoximeters

2081 Craig Road  
Saint Louis, MO 63146  
Phone: (314) 429-4000  
Fax: (314) 429-4170



DEV CODE  
KM8H6

Expiration Date: 10 Apr 2017

Part No. 22-0770-00 Lot No. AG510002 Tank No. 035  
Certificate of Analysis available online: [www.intox.com/COA](http://www.intox.com/COA) True-Trace™

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00239

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

Air Blank:  
08/04/15 10:45 .000  
Calibration Check:  
23 08/04/15 10:45 .097

Subject Name

TEST # 3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00238

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

Air Blank:  
08/04/15 10:43 .000  
Calibration Check:  
23 08/04/15 10:43 .098

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00237

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

Air Blank:  
08/04/15 10:42 .000  
Calibration Check:  
22 08/04/15 10:42 .098

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00240

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

VOID: RFI  
12 08/04/15 10:47

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location