October 2015

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:19 am, Oct 05, 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	PRINTER SN	DATE OF INSPECTION
097424	096.3580.984	10/03/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1019 Schroeder Creek Blvd, Wentzville, MO 63385	9:35 pm

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 # AG430901 EXP. DATE 11/05/2016

☐ 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 ☞ 0.100	TEST 2 ☞ 0.099	TEST 3 ☞ 0.098

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
8	0	0	1	0	0

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).

TRUE-CAL II reading: 0.098

INSPECTING OFFICER

SIGNATURE	PRINT NAME
240	Matthew Schneider 240
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230344 / 12/31/2015	(636) 327-5105

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: 7-Nov-2014

Lot # AG430901

Exp. Date	Cyl. Type	Component	Certified Concentration
5-Nov-2016	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010286	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010679	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.11.07 12:31:56 -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

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 00336

Temp	Date	Time	s/ 210L

VOID: RFI
12 10/03/15 21:42

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 00335

Temp	Date	Time	s/ 210L

Air Blank:
10/03/15 21:41 .000
Calibration Check:
24 10/03/15 21:41 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 00334

Temp	Date	Time	s/ 210L

Air Blank:
10/03/15 21:38 .000
Calibration Check:
23 10/03/15 21:38 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424
Version no: 532B

TEST RECORD 00333

Temp	Date	Time	s/ 210L

Air Blank:
10/03/15 21:36 .000
Calibration Check:
22 10/03/15 21:36 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

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

2

PERMIT
TYPE II

MATTHEW J SCHNEIDER

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

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/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 12/31/2013

NUMBER 230344

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Carl Vasterling, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 880-0771 (6-10)

LAB-1 (6-10)

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

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcohol content in breath form of expired air in Missouri.

Operator SCHNEIDER, MATTHEW
Permit No. 230344
Date Issued 12/31/2013 Date Expires 12/31/2015