



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

REPORT #7

**RECEIVED**

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

By Carol Day at 10:02 am, Apr 14, 2015

ALCO SENSOR IV SN 104641	PRINTER SN 096.3580.931	DATE OF INSPECTION 04/10/2015
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 100 N. Main St., O'Fallon, MO 63366	TIME OF INSPECTION 7:23 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 # AG332901 EXP. DATE 11/25/2015

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 → .082

TEST 2 → .081

TEST 3 → .080

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

N/A

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Chris Sinnokrak

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240284 / 6-13-2016

TELEPHONE NUMBER  
(636) 240-3200

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: 25-Nov-2013

Lot # AG332901

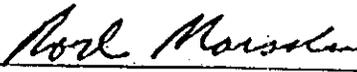
<u>Exp. Date</u> 25-Nov-2015	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
---------------------------------	-------------------------	---	---

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	269.8 ppm	EB0010559	268.9 ppm
EB0010285	209.0 ppm	EB0010595	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: 2013.12.05 09:29:43 -05:00  
 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: 184641  
Version no: 5828

TEST RECORD 00194

Temp Date Time 210L  
9/  
Air Blank: 04/10/15 19:24 .000  
Callibration Check: 22 04/10/15 19:24 .002

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*SHIMADZU 334*

AS IV Serial no: 184641  
Version no: 5828

TEST RECORD 00195

Temp Date Time 210L  
9/  
Air Blank: 04/10/15 19:25 .000  
Callibration Check: 23 04/10/15 19:25 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*SHIMADZU 334*

AS IV Serial no: 184641  
Version no: 5828

TEST RECORD 00196

Temp Date Time 210L  
9/  
Air Blank: 04/10/15 19:27 .000  
Callibration Check: 24 04/10/15 19:27 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*SHIMADZU 334*

AS IV Serial no: 184641  
Version no: 5828

TEST RECORD 00197

Temp Date Time 210L  
9/  
Air Blank: 04/10/15 19:28 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*SHIMADZU 334*



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



**PERMIT**  
**TYPE II**  
**CHRIS SINNOKRAK**

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, INTOX EC/IR II**

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 240284

EXPIRES 6/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580:0771 (6-10)

LAB-4 (06-10)

**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 SINNOKRAK, CHRIS  
Permit No 240284  
Date Issued 6/13/2014 Date Expires 6/13/2016