



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

**RECEIVED**  
 By Carol Day at 12:57 pm, Jul 13, 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 <u>107973</u>	PRINTER SN <u>099.3586.816</u>	DATE OF INSPECTION <u>7/6/15</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>ST JOHN PD 8944 ST CHARLES ROAD ST JOHN MO 63114</u>		TIME OF INSPECTION <u>1608</u>

**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) 27°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY 1608 07/06/15

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG431502 EXP. DATE 11/11/2016

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 • <u>.081</u>	TEST 2 • <u>.081</u>	TEST 3 • <u>.081</u>
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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 <u>2</u>	(0-.04) <u>2</u>	(.05-.09) <u>2</u>	(.10-.14) <u>2</u>	(.15-.19) <u>2</u>	(OVER .19) <u>2</u>
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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).

ASIX Calibrated to .080

**INSPECTING OFFICER**

SIGNATURE <u>Yacine Manuele</u>	PRINT NAME <u>YACINE MANUELE</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250026 01/30/2017</u>	TELEPHONE NUMBER <u>(314) 427-8700</u>

**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

AS IU Serial no: 107973  
Version no: 532B

TEST RECORD 00316

Temp	Date	Time	s/
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Air Blank:	07/06/15	15:46	.000
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Calibration:	27 07/06/15	15:46	.000
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Subject Name

Subject I.D.

Operator Name, I.D.

*Manuele 442*

Location

*8944 St Charles Rides*

*ST-JOH - Mo 63114*

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00319

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

Air Blank:  
07/06/15 16:12 .000  
Calibration Check:  
26 07/06/15 16:12 .081

Subject Name

Compressed GAS  
Subject I.D.

Operator Name, I.D.

Manuele 142  
Location

8944 ST CHARLES RD

ST JOHN MO 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00318

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

Air Blank:  
07/06/15 16:10 .000  
Calibration Check:  
26 07/06/15 16:10 .081

Subject Name

Compressed GAS  
Subject I.D.

Operator Name, I.D.

Manuele 142  
Location

8944 ST CHARLES RD

ST JOHN MO 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00317

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

Air Blank:  
07/06/15 16:08 .000  
Calibration Check:  
25 07/06/15 16:08 .081

Subject Name

Compressed GAS  
Subject I.D.

Operator Name, I.D.

Manuele 142  
Location

8944 ST CHARLES RD

ST JOHN MO 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00320

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

VOID: RFI  
12 07/06/15 16:12

Subject Name

Subject I.D.

Operator Name, I.D.

Manuele 142  
Location

8944 ST CHARLES RD

ST JOHN MO 63114



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:** 12-Nov-2014

**Lot #** AG431502

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
11-Nov-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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	259.8 ppm	EB0010559	258.9 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: 2014.11.14 09:55:38 -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**

**VALERIE MANUELE**

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 1/20/2015

NUMBER 250026

EXPIRES 1/20/2017

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 MANUELE, VALERIE  
 Permit No 250026  
 Date Issued 1/20/2015 Date Expires 1/20/2017