



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

**RECEIVED**  
 By Carol Day at 11:12 am, May 01, 2015 #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 107983	PRINTER SN 099.3586.802	DATE OF INSPECTION 05/01/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 12 South Water Street, Liberty		TIME OF INSPECTION 4:51 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 LOT # AG407801 EXP. DATE 03/19/2016

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

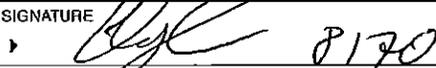
RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(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).

**INSPECTING OFFICER**

SIGNATURE 

PRINT NAME  
Chad Wilderdyke

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240221 / 04-30-2016

TELEPHONE NUMBER  
(816) 407-3700

**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 IV Serial no: 107983  
Version no: 532B

TEST RECORD 00432

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

Air Blank:  
05/01/15 04:55 .000  
Calibration Check:  
22 05/01/15 04:55 .098

Subject Name

*Wilderdjke*

Subject I.D.

*8170*

Operator Name, I.D.

*TEST #3*

Location

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00431

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

Air Blank:  
05/01/15 04:54 .000  
Calibration Check:  
21 05/01/15 04:54 .099

Subject Name

*Wilderdjke*

Subject I.D.

*TEST #2*

Operator Name, I.D.

Location

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00430

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

Air Blank:  
05/01/15 04:52 .000  
Calibration Check:  
20 05/01/15 04:52 .100

Subject Name

*Wilderdjke*

Subject I.D.

*TEST #1*

Operator Name, I.D.

Location

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00433

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

VOID: RFI  
12 05/01/15 04:56

Subject Name

*Wilderdjke*

Subject I.D.

*8170*

Operator Name, I.D.

*RFI TEST*

Location



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: 20-Mar-2014

Lot # AG407801

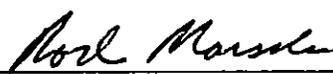
<u>Exp. Date</u> 19-Mar-2016	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
---------------------------------	-------------------------	-----------------------------------------	------------------------------------------------------------------------

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: 2014.03.20 17:26:10 -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**



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

2

**PERMIT**  
**TYPE II**  
**CHAD A WILDERDYKE**

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 4/30/2014

NUMBER 240221

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (116-10)



**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 **WILDERDYKE, CHAD**  
 Permit No **240221**  
 Date Issued **4/30/2014**    Date Expires **4/30/2016**