



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 04, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in repair shop.

ALCO SENSOR IV SN 107983	PRINTER SN 099.3586.802	DATE OF INSPECTION 08/03/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 12 South Water Street, Liberty	TIME OF INSPECTION 2:07 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG407801</u> EXP. DATE <u>03/19/2016</u>
<input type="checkbox"/> 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 → 0.098	TEST 2 → 0.098	TEST 3 → 0.097
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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	2	(.0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

<b>INSPECTING OFFICER</b>	
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: 187983  
Version no: 532B

TEST RECORD 00448

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

Air Blank:  
08/03/15 02:12 .000  
Calibration Check:  
21 08/03/15 02:12 .098

Subject Name

Test #1

Subject I.D.

W. Idedyke

Operator Name, I.D.

8170

Location

AS IV Serial no: 187983  
Version no: 532B

TEST RECORD 00450

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

Air Blank:  
08/03/15 02:16 .000  
Calibration Check:  
23 08/03/15 02:16 .097

Subject Name

Test #3

Subject I.D.

W. Idedyke

Operator Name, I.D.

8170

Location

AS IV Serial no: 187983  
Version no: 532B

TEST RECORD 00449

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

Air Blank:  
08/03/15 02:14 .000  
Calibration Check:  
22 08/03/15 02:14 .098

Subject Name

Test #2

Subject I.D.

W. Idedyke

Operator Name, I.D.

8170

Location

AS IV Serial no: 187983  
Version no: 532B

TEST RECORD 00451

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

VOID: RFI  
12 08/03/15 02:18

Subject Name

RFR Test

Subject I.D.

W. Idedyke

Operator Name, I.D.

8170

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**

<b><u>Exp. Date</u></b> 19-Mar-2016	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>Serial No.</u></b>	<b><u>Concentration</u></b>
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

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