



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

RECEIVED
 By Carol Day at 10:13 am, Apr 06, 2015

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

ALCO SENSOR IV SN 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 04/03/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031		TIME OF INSPECTION 1:59 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 INTOXIMETERES LOT # AG332301 EXP. DATE 11/19/2015
- 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 \rightarrow .099	TEST 2 \rightarrow .099	TEST 3 \rightarrow .100
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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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Instrument working within D.O.H. guidelines.

INSPECTING OFFICER	
SIGNATURE <i>Daniel Howard</i>	PRINT NAME Daniel Howard 575
TYPE II PERMIT NUMBER/EXPIRATION DATE 250052 / 02/20/2017	TELEPHONE NUMBER (314) 837-7000

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: 20-Nov-2013

Lot # AG332301

<u>Exp. Date</u> 19-Nov-2015	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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: 2013.11.20 15:33:36 -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: 107989
Version no: 532B

TEST RECORD 00028
Temp Date Time 210L s/

Air Blank: 04/03/15 13:59 .000
Calibration Check: 22 04/03/15 13:59 .099

Subject Name
Maintenance
Subject I.D. 535

Operator Name, I.D.
Location
1700 N Hwy 67

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00029
Temp Date Time 210L s/

Air Blank: 04/03/15 14:01 .000
Calibration Check: 23 04/03/15 14:01 .099

Subject Name
Maintenance
Subject I.D. 535

Operator Name, I.D.
Location
1700 N Hwy 67

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00030
Temp Date Time 210L s/

Air Blank: 04/03/15 14:02 .000
Calibration Check: 23 04/03/15 14:02 .100

Subject Name
Maintenance
Subject I.D. 535

Operator Name, I.D.
Location
1700 N Hwy 67

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00031
Temp Date Time 210L s/

VOID: RFI
12 04/03/15 14:04

Subject Name
Maintenance
Subject I.D. 535

Operator Name, I.D.
Location
1700 N Hwy 67

AS IV Serial no: 107989
Version no: 532B
TEST RECORD 00032
Temp Date Time 210L s/

Air Blank: 04/03/15 14:06 .000
Subject Test: Auto 23 04/03/15 14:06 .000
Subject Name
Maintenance
Subject I.D. 535
Operator Name, I.D. 535
Location 1700 N Hwy 67



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

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**PERMIT
TYPE II**

DANIEL HOWARD

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 2/20/2015

NUMBER 250052

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 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 HOWARD, DANIEL
Permit No 250052
Date Issued 2/20/2015 Date Expires 2/20/2017