



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

RECEIVED REPORT # 7
 By Carol Day at 10:47 am, May 04, 2015

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 107989 | PRINTER SN 099.3586.794 | DATE OF INSPECTION 05/04/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy. 67 Florissant Missouri 63031 | | TIME OF INSPECTION 8:41 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 # 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 .099 | TEST 2 .103 | TEST 3 .100 |
|--------------|--------------|--------------|

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).
 Instrument working within D.O.H. guidelines.

| | |
|---|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME Steve Michael |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250054 | TELEPHONE NUMBER (314) 831-7000 |

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



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

2

**PERMIT
 TYPE II**

STEVE MICHAEL

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 250054

EXPIRES 2/20/2017

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 MICHAEL, STEVE
 Permit No 250054
 Date Issued 2/20/2015 Date Expires 2/20/2017



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> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
| 19-Nov-2015 | 108 | Ethanol Nitrogen | 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: 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 00034

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/04/15 08:41 .000
Calibration Check:
24 05/04/15 08:41 .099

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Michael 578

Location

1700 US 67

Florissant MO 63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00035

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/04/15 08:42 .000
Calibration Check:
25 05/04/15 08:42 .103

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Michael 578

Location

1700 US 67

Florissant MO 63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00036

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/04/15 08:44 .000
Calibration Check:
26 05/04/15 08:44 .100

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Michael 578

Location

1700 US 67

Florissant MO 63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00037

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI
12 05/04/15 08:45

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Michael 578

Location

1700 US 67

Florissant MO 63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00038

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
05/04/15 09:12 .000
Subject Test: Man
24 05/04/15 09:12 .000

Subject Name

Maintenance

Subject I.D.

578

Operator Name, I.D.

Michael 578

Location

1700 US 67

Florissant MO 63031