



STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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

RECEIVED instrument is repaired.
 By Carol Day at 4:03 pm, Sep 08, 2015

ALCO SENSOR IV SN 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 09/07/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy. 67 Florissant Missouri 63031	TIME OF INSPECTION 7:08 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

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 ← .095

TEST 2 ← .094

TEST 3 ← .094

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 	PRINT NAME Steven Michael
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250054/02/20/2017	TELEPHONE NUMBER (314) 831-7000
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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

TEST RECORD 00074

Temp	Date	Time	210L
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Air Blank:
09/07/15 07:08 .000
Calibration Check:
26 09/07/15 07:08 .095

Subject Name

Maintenance

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 Hwy 67Floissant MO63031

TEST RECORD 00075

Temp	Date	Time	210L
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Air Blank:
09/07/15 07:11 .000
Calibration Check:
27 09/07/15 07:11 .094

Subject Name

Maintenance

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67Floissant MO63031

TEST RECORD 00077

Temp	Date	Time	210L
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Air Blank:
09/07/15 07:13 .000
Calibration Check:
27 09/07/15 07:13 .094

Subject Name

Maintenance

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67Floissant MO63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00075

Temp	Date	Time	210L
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VOID: RFI
12 09/07/15 07:10

Subject Name

Maintenance

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 Hwy 67Floissant MO63031

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00078

Temp	Date	Time	210L
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Air Blank:
09/07/15 07:14 .000
Subject Test: Auto
28 09/07/15 07:14 .000

Subject Name

Michael 578

Subject I.D.

578

Operator Name, I.D.

Michael 578

Location

1700 US 67Floissant MO63031



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

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**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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



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

APPROVED

By Brian Lutmer at 8:58 am, Feb 20, 2015

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Steve Michael TITLE: Police officer AGE: 38

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Florissant Police Department TELEPHONE: 314 831-7000

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE):
1700 N.Hwy 67 Florissant Missouri 63031

EMAIL ADDRESS:
Smichael@florissantmo.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
Feb. 2-6	UC MO/ MSC	40	Supv. Course	<input checked="" type="checkbox"/>	welsh & lutmer
Feb. 9-10	UCMO/ MSC	14	INTOX ECIR 2	<input checked="" type="checkbox"/>	welsh
FEB 11, 2015	UCMO/ MSC	8	AS 4 W/PRINTER	<input checked="" type="checkbox"/>	WELSH
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. <u>INTOX EC/IR II</u>	<u>10 MR'S OK BML</u>	<u>10 SELF-TESTS OK BML</u>
2. <u>ALCO-SENSOR IV W/ PRINTER</u>	<u>10 MR'S OK BML</u>	<u>10 SELF-TESTS OK BML</u>
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: Steve Michael DATE: 2-9-15

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd,
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