



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Brian Lutmer at 4:47 pm, Jan 20, 2015

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 whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|---|----------------------------|----------------------------------|
| ALCO SENSOR IV SN 108393 - St. Louis County PD | PRINTER SN 099.3586.801 | DATE OF INSPECTION 01/16/2015 |
|---|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) MODOT T.M.C. - 14301 South Outer 40 Road, Town & Country, MO 63017 | TIME OF INSPECTION 1:53 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) 24°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY 13:53

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>AG418902</u> EXP. DATE <u>07/08/2016</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 .095 | TEST 2 .096 | TEST 3 .096 |
|--------------|--------------|--------------|

- 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) |
|----------|---------|-----------|-----------|-----------|------------|

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).

- Adjusted the time clock
- Cleared the memory log

INSPECTING OFFICER

| | |
|--|---|
| SIGNATURE | PRINT NAME Officer D. Rose, DSN 2721 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230253 11/12/2015 | TELEPHONE NUMBER (314) 889-2341 |

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: 108393
Version no: 532B

TEST RECORD 00107

Temp Date Time ^{g/} 210L

Air Blank:
01/16/15 13:53 .000
Calibration Check:
24 01/16/15 13:53 .095

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00108

Temp Date Time ^{g/} 210L

Air Blank:
01/16/15 13:56 .000
Calibration Check:
25 01/16/15 13:56 .096

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00109

Temp Date Time ^{g/} 210L

Air Blank:
01/16/15 13:57 .000
Calibration Check:
25 01/16/15 13:57 .096

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00110

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/16/15 13:59

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.



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: 8-Jul-2014

Lot # AG418902

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 8-Jul-2016 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (260 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: 2014.07.08 16:23:57 -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
DAVID M ROSE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

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 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

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)