



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED
By Carol Day at 11:46 am, Jun 20, 2016

REPORT #7

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

ALCO SENSOR IV SN 043579	PRINTER SN 91.9821.022	DATE OF INSPECTION 06/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. 2nd. Street, St. Charles		TIME OF INSPECTION 2:12 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	PASSED
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	27°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	06/10/2016 0212 HRS

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, Inc.</u>	LOT # <u>AG525303</u> EXP. DATE <u>09/10/2017</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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 • .079	TEST 2 • .078	TEST 3 • .078
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RFI DETECTOR OPERATING PASSED

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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	2
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Officer Fournell, D. DSN 570
TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 - 06/13/2016	TELEPHONE NUMBER (636) 949-3000

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
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 14-Sep-2015

Lot # AG525303 Model 108cadd

<u>Exp. Date</u> 10-Sep-2017	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 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: 2015.09.14 14:59:00 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
 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**

DAVID FOURNELL

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

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 6/13/2014

NUMBER 240274

EXPIRES 6/13/2016

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 FOURNELL, DAVID
Permit No 240274
Date Issued 6/13/2014 Date Expires 6/13/2016

ST. CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00203 %/
Temp Date Time 210L

Air Blank: 06/10/16 02:12 .000
Calibration Check: 27 06/10/16 02:12 .079

Subject Name
MONTHLY
MAINTENANCE

Subject I.D.

Operator Name, I.D.
Fournell 240274

Location
301 N. 2ND ST.
ST. CHARLES MO

TICKET #1

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00204 %/
Temp Date Time 210L

Air Blank: 06/10/16 02:14 .000
Calibration Check: 27 06/10/16 02:14 .078

Subject Name
MONTHLY
MAINTENANCE

Subject I.D.

Operator Name, I.D.
Fournell 240274

Location
301 N. 2ND ST.
ST. CHARLES MO

TICKET #2

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00205 %/
Temp Date Time 210L

Air Blank: 06/10/16 02:17 .000
Calibration Check: 27 06/10/16 02:17 .078

Subject Name
MONTHLY
MAINTENANCE

Subject I.D.

Operator Name, I.D.
Fournell 240274

Location
301 N. 2ND ST.
ST. CHARLES MO

TICKET #3

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00206 %/
Temp Date Time 210L

VOID: RFI 12 06/10/16 02:18

Subject Name
MONTHLY
MAINTENANCE

Subject I.D.

Operator Name, I.D.
Fournell 240274

Location
301 N. 2ND ST.
ST. CHARLES MO

TICKET #4

ASIV S/N: 043579

TYPE II: P.O. Fournell 240274

DATE: 06-10-2016