



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

FEBRUARY 2016

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.

**RECEIVED**  
 By Carol Day at 2:54 pm, Feb 02, 2016

ALCO SENSOR IV SN 097424	PRINTER SN 096.3580.984	DATE OF INSPECTION 02/02/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Schroeder Creek Blvd, Wentzville, MO 63385	TIME OF INSPECTION 10:16 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 # AG533902 EXP. DATE 12/05/2017

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 → 0.097

TEST 2 → 0.096

TEST 3 → 0.096

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	3	(0-.04)	34	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(OVER .19)	0
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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).

True-Cal reading: 0.097

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 Matthew Schneider

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 260006 / 01/06/2018

TELEPHONE NUMBER  
 (636) 327-5105

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:** 7-Dec-2015

**Lot # AG533902 Model 108cacc**

**Exp. Date**

5-Dec-2017

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

**Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

391.8 ppm

259.8 ppm

209.0 ppm

103.7 ppm

52.22 ppm

**Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

392.5 ppm

258.9 ppm

208.9 ppm

104.9 ppm

52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2015.12.07 14:43:27 -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: 097424  
Version no: 532B

TEST RECORD 00451

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/16 10:19 .000  
Calibration Check:  
25 02/02/16 10:19 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00450

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/16 10:18 .000  
Calibration Check:  
24 02/02/16 10:18 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00449

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/16 10:16 .000  
Calibration Check:  
24 02/02/16 10:16 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00452

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 02/02/16 10:20

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT  
TYPE II**

**MATTHEW J SCHNEIDER**

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 1/6/2016

NUMBER 260006

EXPIRES 1/6/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO.580-0771 (8-10)

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 SCHNEIDER, MATTHEW  
Permit No 260006  
Date Issued 1/6/2016 Date Expires 1/6/2018