



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

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 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 097432	PRINTER SN 84.9324.045	DATE OF INSPECTION 06/09/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct., O'Fallon		TIME OF INSPECTION 11:13 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	PASSED
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	22°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	06/09/2016 2313 HRS

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters, Inc. LOT # AG525303 EXP. DATE 09/10/2017

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 • .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)	2	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 - 06/13/2016	TELEPHONE NUMBER (636) 949-3000
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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



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 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Sep-2017	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 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: 2015.09.14 14:59:00 -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



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

ST. CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

<p>AS IV Serial no: 097432 Version no: 532B</p> <p>TEST RECORD 00295</p> <p>Temp Date Time 210L</p> <p>Air Blank: 06/09/16 23:13 .000 Calibration Check: 22 06/09/16 23:13 .079</p> <p>Subject Name MONTHLY MAINTENANCE</p> <p>Subject I.D.</p> <p>Operator Name, I.D. FARNELL 240274</p> <p>Location 101 SHERIFF DEPARTMENT</p> <p>O'FALLON, MO</p>	<p>AS IV Serial no: 097432 Version no: 532B</p> <p>TEST RECORD 00296</p> <p>Temp Date Time 210L</p> <p>Air Blank: 06/09/16 23:15 .000 Calibration Check: 23 06/09/16 23:15 .078</p> <p>Subject Name MONTHLY MAINTENANCE</p> <p>Subject I.D.</p> <p>Operator Name, I.D. FARNELL 240274</p> <p>Location 101 SHERIFF DEPARTMENT</p> <p>O'FALLON MO</p>	<p>AS IV Serial no: 097432 Version no: 532B</p> <p>TEST RECORD 00297</p> <p>Temp Date Time 210L</p> <p>Air Blank: 06/09/16 23:17 .000 Calibration Check: 24 06/09/16 23:17 .078</p> <p>Subject Name MONTHLY MAINTENANCE</p> <p>Subject I.D.</p> <p>Operator Name, I.D. FARNELL 240274</p> <p>Location 101 SHERIFF DEPARTMENT</p> <p>O'FALLON MS</p>	<p>AS IV Serial no: 097432 Version no: 532B</p> <p>TEST RECORD 00298</p> <p>Temp Date Time 210L</p> <p>VOID: RFI 12 06/09/16 23:18</p> <p>Subject Name MONTHLY MAINTENANCE</p> <p>Subject I.D.</p> <p>Operator Name, I.D. FARNELL 240274</p> <p>Location 101 SHERIFF DEPARTMENT</p> <p>O'FALLON MS</p>
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TICKET #1

TICKET #2

TICKET #3

TICKET #4

ASIV S/N: 097432

TYPE II: P.O. FARNELL 240274

DATE: 06-09-2016