



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 097441 - St. Louis County PD | PRINTER SN 096.3580.955 | DATE OF INSPECTION 05/05/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct - 16860 Main Street, Wildwood, MO 63040 | | TIME OF INSPECTION 6:18 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) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <i>20°C</i> |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <i>05/05/16 18:18</i> |

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>AG533901</u> EXP. DATE <u>08/05/2017</u> | |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____ | |
| <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE | |
| <input 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 ● .097 | TEST 2 ● .097 | TEST 3 ● .101 |
|---------------|---------------|---------------|

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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 <i>D. Rose</i> | PRINT NAME Officer D. Rose, DSN 2721 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250277 11/19/2017 | TELEPHONE NUMBER (636) 529-8210 |

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: 097441
Version no: 532B

TEST RECORD 00092

Temp Date Time ^{s/} 210L

Air Blank:
05/05/16 18:18 .000
Calibration Check:
20 05/05/16 18:18 .097

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6th PCT

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00093

Temp Date Time ^{s/} 210L

Air Blank:
05/05/16 18:20 .000
Calibration Check:
21 05/05/16 18:20 .097

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6th PCT

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00094

Temp Date Time ^{s/} 210L

Air Blank:
05/05/16 18:21 .000
Calibration Check:
21 05/05/16 18:21 .101

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6th PCT

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00095

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/05/16 18:23

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6th PCT



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 # AG533901 Model 30cacc

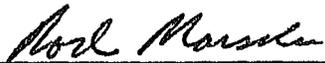
| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 5-Aug-2017 | 30 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 ppm) Balance |

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: 2015.12.07 14:29:01 -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



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

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**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 11/19/2015

NUMBER 250277

EXPIRES 11/19/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES