

RECEIVED

By Carol Day at 8:54 am, Apr 11, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 <u>097459</u>	PRINTER SN <u>096.3580.956</u>	DATE OF INSPECTION <u>04/07/16</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>ST JOHN PD 8944 ST CHARLES RIC RD</u>		TIME OF INSPECTION <u>1639</u>

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) <u>24°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <u>1639 04/07/16</u>

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>AG431502</u> EXP. DATE <u>11/11/16</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 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 • <u>.081</u>	TEST 2 • <u>.081</u>	TEST 3 • <u>.082</u>
----------------------	----------------------	----------------------

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 <u>Valerie Manuele</u>	PRINT NAME <u>VALERIE MANUELE</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250026 01/30/2017</u>	TELEPHONE NUMBER <u>(314) 427-8700</u>

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: 097459
Version no: 532B

TEST RECORD 00233 %/
Temp Date Time 210L

Air Blank: 04/07/16 16:39 .000
Calibration Check: 24 04/07/16 16:39 .081

Subject Name
Compressed Dry GAS
Subject I.D.

Operator Name, I.D.
Manuele 142
Location
8944 ST CHARLES RICH
ST JOHN MO 63114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00235 %/
Temp Date Time 210L

Air Blank: 04/07/16 16:44 .000
Calibration Check: 26 04/07/16 16:44 .082

Subject Name
Compressed Dry GAS
Subject I.D.

Operator Name, I.D.
Manuele 142
Location
8944 ST CHARLES RICH
ST JOHN MO 63114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00236 %/
Temp Date Time 210L

VOID: REI 12 04/07/16 16:51

Subject Name
Compressed Dry GAS
Subject I.D.

Operator Name, I.D.
Manuele 142
Location
8944 ST CHARLES RICH
ST JOHN MO 63114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00234 %/
Temp Date Time 210L

Air Blank: 04/07/16 16:42 .000
Calibration Check: 25 04/07/16 16:42 .081

Subject Name
Compressed Dry GAS
Subject I.D.

Operator Name, I.D.
Manuele 142
Location
8944 ST CHARLES RICH
ST JOHN MO 63114



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: 12-Nov-2014

Lot # AG431502

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
11-Nov-2016	108	Ethanol	0.080 ± 0.002 BrAC (208 ppm)
		Nitrogen	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: 2014.11.14 09:55:38 -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

2

**PERMIT
 TYPE II**

VALERIE MANUELE

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 1/20/2015

NUMBER 250026

EXPIRES 1/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 MANUELE, VALERIE
 Permit No 250026
 Date Issued 1/20/2015 Date Expires 1/20/2017