



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 097459	PRINTER SN 096.3580.956	DATE OF INSPECTION 07/19/2016
LOCATION OF INSTRUMENT (STREET AND CITY) ST JOHN PD 8944 ST CHARLES RIV RD ST JOHN MO 63114		TIME OF INSPECTION 1557

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) **21°C**

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY **1557 07/19/2016**

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **INTOXIMETERS** LOT # **AG431502** EXP. DATE **11/11/2016**

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 • .085	TEST 2 • .085	TEST 3 • .083
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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 Valerie Manuele	PRINT NAME VALERIE MANUELE
TYPE II PERMIT NUMBER/EXPIRATION DATE 250026 01/30/2017	TELEPHONE NUMBER (314) 427-8700

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 00250

Temp Date Time 210L ^{9/}

Air Blank:
07/19/16 16:02 .000
Calibration Check:
22 07/19/16 16:02 .083

Subject Name

Compressed GAS

Subject I.D.

Manuele 142

Operator Name, I.D.

8944 STCHARLES RKS

Location

ST JOHN MO 60114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00249

Temp Date Time 210L ^{9/}

Air Blank:
07/19/16 16:01 .000
Calibration Check:
22 07/19/16 16:01 .085

Subject Name

Compressed GAS

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 STCHARLES RKS

ST JOHN MO 60114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00248

Temp Date Time 210L ^{9/}

Air Blank:
07/19/16 15:57 .000
Calibration Check:
21 07/19/16 15:57 .085

Subject Name

Compressed GAS

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 STCHARLES RKS

ST JOHN MO 60114

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00251

Temp Date Time 210L ^{9/}

VOID: RTI
12 07/19/16 16:11

Subject Name

Subject I.D.

Manuele 142

Operator Name, I.D.

8944 STCHARLES RKS

Location

ST JOHN MO 60114



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

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**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 680-0771 (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



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 Nitrogen	0.080 ± 0.002 BrAC (208 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: 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