



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 100288	PRINTER SN 08C.3527.174	DATE OF INSPECTION 02/29/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER FORTY, CHESTERFIELD	TIME OF INSPECTION 11:33 pm
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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

<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 _____

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 ➡ 0.099	TEST 2 ➡ 0.099	TEST 3 ➡ 0.100
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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)	1	(.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 ▶  3086	PRINT NAME DONALD M. JACQUIN
TYPE II PERMIT NUMBER/EXPIRATION DATE 250318 12/28/2017	TELEPHONE NUMBER (314) 677-9921

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

ALCO-SENSOR IV MONTHLY MAINTENANCE REPORT

FEBRUARY 29, 2016

UNIT #100288

PRINTER #08C.3527.174

AS IV Serial no: 100288
Version no: 532B

AS IV Serial no: 100288
Version no: 532B

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00133

TEST RECORD 00135

TEST RECORD 00136

Temp Date Time ^{o/} 210L

Temp Date Time ^{o/} 210L

Temp Date Time ^{o/} 210L

Air Blank:
02/29/16 23:33 .000
Subject Test: Auto
17 02/29/16 23:33 .000

Air Blank:
02/29/16 23:38 .000
Calibration Check:
18 02/29/16 23:38 .000

Air Blank:
02/29/16 23:40 .000
Calibration Check:
19 02/29/16 23:40 .000

Subject Name

Subject Name

Subject Name

SOBER TEST

TEST # 1

TEST # 2

Subject I.D.

Subject I.D.

Subject I.D.

N/A

N/A

N/A

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

JACQUIN, 250318

JACQUIN 250318

JACQUIN, 250318

Location

Location

Location

14301 S. OUTER 40

14301 S. OUTER 40

14301 S. OUTER 40

MODOT

MODOT

MODOT

AS IV Serial no: 100288
Version no: 532B

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00137

TEST RECORD 00138

Temp Date Time ^{o/} 210L

Temp Date Time ^{o/} 210L

Air Blank:
02/29/16 23:41 .000
Calibration Check:
20 02/29/16 23:41 .100

VOID: RFI
12 02/29/16 23:43

Subject Name

Subject Name

TEST # 3

RFI

Subject I.D.

Subject I.D.

N/A

N/A

Operator Name, I.D.

Operator Name, I.D.

JACQUIN, 250318

JACQUIN, 250318

Location

Location

14301 S. OUTER 40

14301 S. OUTER 40

MODOT

MODOT



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 30cacd

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

DONALD M JACQUIN

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 12/28/2015

NUMBER 250318

EXPIRES 12/28/2017

W. J. ...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES