



**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 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 06/06/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy. 67 Florissant Missouri 63031	TIME OF INSPECTION 6:22 am
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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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG524301 EXP. DATE 08/31/2017

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 .097.

TEST 2 .097

TEST 3 .096

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
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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).

Instrument working within D.O.H. guidelines.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Steven Michael
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250054 2/20/2017	TELEPHONE NUMBER (314) 831-7000
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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

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00521

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/06/16 06:22 .000  
Calibration Check:  
22 06/06/16 06:22 .097

Subject Name

Maint.

Subject I.D.

Michael

Operator Name, I.D.

578

Location

1700 US 67

Floissant MO

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00522

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/06/16 06:24 .000  
Calibration Check:  
23 06/06/16 06:24 .097

Subject Name

Maint.

Subject I.D.

Michael

Operator Name, I.D.

578

Location

1700 US 67

Floissant MO

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00523

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/06/16 06:26 .000  
Calibration Check:  
24 06/06/16 06:26 .096

Subject Name

Maint.

Subject I.D.

Michael

Operator Name, I.D.

578

Location

1700 US 67

Floissant MO

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00525

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 06/06/16 06:28

Subject Name

Maint.

Subject I.D.

Michael

Operator Name, I.D.

578

Location

1700 US 67

Floissant MO

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00524

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/06/16 06:27 .000  
Subject Test: Auto  
24 06/06/16 06:27 .000

Subject Name

Michael

Subject I.D.

Michael

Operator Name, I.D.

578

Location

1700 US 67

Floissant MO



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:** 1-Sep-2015

**Lot #** AG524301 **Model** 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
31-Aug-2017	108	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: 2015.09.01 12:38:35 -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

2

**PERMIT  
 TYPE II**

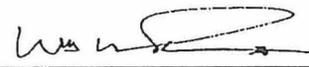
**STEVE MICHAEL**

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 2/20/2015  
 NUMBER 250054  
 EXPIRES 2/20/2017

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
  
 ,acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (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 MICHAEL, STEVE  
 Permit No 250054  
 Date Issued 2/20/2015 Date Expires 2/20/2017

**RECEIVED**  
By Carol Day at 6:03 am, Feb 13, 2015

**APPROVED**  
By Brian Lutmer at 8:58 am, Feb 20, 2015



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

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE	
PRINT FULL NAME Steve Michael		TITLE Police officer	AGE 38
A disclosure concerning your SSN number is available at: <a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a>			
DEPARTMENT OR TROOP Florissant Police Department		TELEPHONE 314 831-7000	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 1700 N.Hwy 67 Florissant Missouri 63031			
EMAIL ADDRESS Smichael@florissantmo.com			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
Feb. 2-6	UC MO/ MSC	40	Supv. course	<input checked="" type="checkbox"/>	welsh & lutmer
Feb. 9-10	UCMO/ MSC	14	INTOX ECIR 2	<input checked="" type="checkbox"/>	welsh
FEB 11, 2015	UCMO/ MSC	8	AS 4 W/ PRINTER	<input checked="" type="checkbox"/>	WELSH
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. <span style="border: 1px solid black; padding: 2px;">INTOX EC/IR II</span>	<span style="border: 1px solid black; padding: 2px;">10 MR'S OK BML</span>	<span style="border: 1px solid black; padding: 2px;">10 SELF-TESTS OK BML</span>
2. <span style="border: 1px solid black; padding: 2px;">ALCO-SENSOR IV W/ PRINTER</span>	<span style="border: 1px solid black; padding: 2px;">10 MR'S OK BML</span>	<span style="border: 1px solid black; padding: 2px;">10 SELF-TESTS OK BML</span>
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT <i>Steve Michael</i>	DATE 2-9-15
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd,  
Poplar Bluff, MO 63901