



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED

By Carol Day at 7:21 am, Aug 05, 2016

FORM #7
 ed.

Complete this report in duplicate at the time of the regular monthly preventive maintenance.
 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 08/04/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031	TIME OF INSPECTION 12:38 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

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERES 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 ⚡ .096

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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
 Daniel Howard DSN 575

TYPE II PERMIT NUMBER/EXPIRATION DATE
 250052 / 02/20/2017

TELEPHONE NUMBER
 (314) 837-7000

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



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

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00538
Temp Date Time 210L
Air Blank: 12 08/04/16 12:44

VOID: NFI
12 08/04/16 12:44

Subject Name
Maintenance

Subject I.D.
575

Operator Name, I.D.
Howard

Location
FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00537
Temp Date Time 210L
Air Blank: 24 08/04/16 12:43

Subject Test: Auto
24 08/04/16 12:43

Subject Name
Maintenance

Subject I.D.
575

Operator Name, I.D.
Howard

Location
FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00536
Temp Date Time 210L
Air Blank: 24 08/04/16 12:41

Calibration Check:
24 08/04/16 12:41 .096

Subject Name
Maintenance

Subject I.D.
575

Operator Name, I.D.
Howard

Location
FPD

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00535
Temp Date Time 210L
Air Blank: 23 08/04/16 12:40

Calibration Check:
23 08/04/16 12:40 .097

Subject Name
Maintenance

Subject I.D.
575

Operator Name, I.D.
Howard

Location
FPD

Operator Name, I.D.

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00534

Temp Date Time 210L

Air Blank:
23 08/04/16 12:38 .096
Calibration Check:
23 08/04/16 12:38 .096

Subject Name
Maintenance

Subject I.D.
575

Operator Name, I.D.
Howard

Location
FPD



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

2

**PERMIT
TYPE II**

DANIEL HOWARD

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 250052

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-4 (RG-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 HOWARD, DANIEL
Permit No 250052
Date Issued 2/20/2015 Date Expires 2/20/2017