



**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 111320 - St. Louis County PD	PRINTER SN 099.3586.614	DATE OF INSPECTION 05/11/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct - 16860 Main Street, Wildwood, MO 63040	TIME OF INSPECTION 8:04 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <i>21°C</i>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <i>05/11/16 08:04</i>

**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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input 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 <i>☛</i> .100	TEST 2 <i>☛</i> .101	TEST 3 <i>☛</i> .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	<i>1</i>	(0-.04)	<i>0</i>	(.05-.09)	<i>0</i>	(.10-.14)	<i>0</i>	(.15-.19)	<i>1</i>	(OVER .19)	<i>0</i>
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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 <i>D. Rose</i>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 250277 11/19/2017	TELEPHONE NUMBER (636) 529-8210

**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: 111320  
Version no: 532B

TEST RECORD 00055

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

Air Blank:  
05/11/16 08:04 .000  
Calibration Check:  
21 05/11/16 08:04 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> FCT

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00056

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

Air Blank:  
05/11/16 08:06 .000  
Calibration Check:  
21 05/11/16 08:06 .101

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> FCT

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00057

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

Air Blank:  
05/11/16 08:07 .000  
Calibration Check:  
22 05/11/16 08:07 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> FCT

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00058

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

VOID: RFI  
12 05/11/16 08:08

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> FCT



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

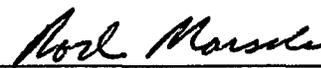
Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<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: 2015.12.07 14:29:01 -08:00  
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**

**DAVID M ROSE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/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 11/19/2015

NUMBER 250277

EXPIRES 11/19/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES