



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 087972	PRINTER SN 08C.3556.386	DATE OF INSPECTION 01/20/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 232 Vance Rd St. Louis MO 63088		TIME OF INSPECTION 1:00 pm

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 # AG815101 EXP. DATE 05/31/2020

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 → 0.103

TEST 2 → 0.102

TEST 3 → 0.101

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)	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
M.P. Maloney 4427

PRINT NAME
 Michael P. Maloney

TYPE II PERMIT NUMBER/EXPIRATION DATE
 290063 / 03/08/2021

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

ALCO-SENSOR IV MONTHLY MAINTENANCE REPORT
UNIT #087972

January 2020
Printer # 08C.3556.386

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00444

Temp Date Time 2100

Air Blank:
01/20/20 13:04 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Printer misfed

AS IV Serial no: 087972
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00444

Temp Date Time 2100

Air Blank:
01/20/20 13:04 .000
Calibration Check:
20 01/20/20 13:04 .103

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

Maloney #4427

Location

232 Vance Rd

63088

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00445

Temp Date Time 2100

Air Blank:
01/20/20 13:06 .000
Calibration Check:
21 01/20/20 13:06 .102

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

Maloney #4427

Location

232 Vance Rd

63088

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00446

Temp Date Time 2100

Air Blank:
01/20/20 13:08 .000
Calibration Check:
22 01/20/20 13:08 .101

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

Maloney #4427

Location

232 Vance Rd

63088

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00447

Temp Date Time 2100

Air Blank:
12 01/20/20 13:09

Subject Name

RFI Test

Subject I.D.

N/A

Operator Name, I.D.

Maloney #4427

Location

232 Vance Rd

63088



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: 5-Jun-2018

Lot # AG815101 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
31-May-2020	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	EB0010569	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010582	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.06.05 14:48:14 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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



**PERMIT
 TYPE II**

MICHAEL P MALONEY

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 DMT

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 3/8/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290063

EXPIRES 3/8/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES