



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	PRINTER SN 096.3586.614	DATE OF INSPECTION 01/23/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 S OUTER FORTY RD ST. LOUIS		TIME OF INSPECTION 1:09 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>AG829708</u> EXP. DATE <u>10/24/2020</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 • 0.096	TEST 2 • 0.096	TEST 3 • 0.096
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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)	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 <i>M. P. Maloney 4427</i>	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 #111320

JANUARY 2020
Printer # 099.3586.614

AS IV Serial no: 111320
Version no: 532B

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00343

TEST RECORD 00344

Temp Date Time ^{a/} 210L

Temp Date Time ^{a/} 210L

Air Blank:
01/23/20 13:09 .000
Calibration Check:
23 01/23/20 13:09 .096

Air Blank:
01/23/20 13:11 .000
Calibration Check:
23 01/23/20 13:11 .096

Subject Name

Subject Name

Test # 1

Test # 2

Subject I.D.

Subject I.D.

N/A

N/A

Operator Name, I.D.

Operator Name, I.D.

Maloney 4427

Maloney 4427

Location

Location

14301 S. Outer 40

14301 S. Outer 40

63017

63017

AS IV Serial no: 111320
Version no: 532B

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00345

TEST RECORD 00346

Temp Date Time ^{a/} 210L

Temp Date Time ^{a/} 210L

Air Blank:
01/23/20 13:12 .000
Calibration Check:
24 01/23/20 13:12 .096

VOID: RFI
12 01/23/20 13:16

Subject Name

Subject Name

Test # 3

RFI Test

Subject I.D.

Subject I.D.

N/A

N/A

Operator Name, I.D.

Operator Name, I.D.

Maloney 4427

Maloney 4427

Location

Location

14301 S. Outer 40

14301 S. Outer 40

63017

63017



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 806.111 through 806.119 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



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: 25-Oct-2018

Lot # AG829708 Model 108cacc

<u>Exp. Date</u> 24-Oct-2020	<u>Cyl. Type</u> 108	<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	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.10.25 14:13:39 -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