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By Tracy Crews at 3:28 pm, Jul 12, 2023



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 **002005** NAME OF AGENCY **Kansas City MO PD** DATE OF INSPECTION **07/07/2023**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 Marion Park Drive, Kansas City MO 64137** TIME OF INSPECTION **0115**

**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 # **AG132803** EXP. DATE **11/24/2023**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 **.080** TEST 2 **.080** TEST 3 **.077**

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 **3** (0-.04) **0** (.05-.09) **0** (.10-.14) **1** (.15-.19) **1** (OVER .19) **5**

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 PRINT NAME **Magers, Nathan #5243**

TYPE II PERMIT NUMBER/EXPIRATION DATE **230084 05/09/2025** TELEPHONE NUMBER **( ) 816-482-8220**

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00719

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

Air Blank:  
07/07/23 01:15 .000  
Calibration Check:  
25 07/07/23 01:15 .080

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Maged S242

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00721

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

Air Blank:  
07/07/23 01:20 .000  
Calibration Check:  
25 07/07/23 01:20 .077

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Maged S242

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00720

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

Air Blank:  
07/07/23 01:18 .000  
Calibration Check:  
25 07/07/23 01:18 .000

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Maged S242

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00722

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

VOID: RFI  
12 07/07/23 01:22

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Maged S243

Location

# Airgas

Airgas USA LLC (LMB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7326

## Certificate of Analysis

Test Date: 29-Nov-2021

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG132803 Model 108

Exp Date 24-Nov-2023 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.082 ± 0.002 B7AC (223 ppm)

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 299.8 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     |

  

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056682        | 190.2 ppm     |

Analytical Method: NDIR

Quality Control by Quality Control  
Section of Intoximeters, Inc.  
Permit No. 230084 Date Expires 5/9/2025

Approved for Release:

*Rod Marsala*  
Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



**PERMIT  
TYPE II  
NATHAN MAGERS**

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, INTOXILYZER 8000**

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 5/9/2023

NUMBER 230084

EXPIRES 5/9/2025

MO 566-077 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Neiderman*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LMB (6-10)

