



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 062093	NAME OF AGENCY Sugar Creek Police Department	DATE OF INSPECTION 05/15/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1001 Heroes Way, Sugar Creek		TIME OF INSPECTION 11:19 am

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>Guth Laboratories</u> LOT # <u>1460001</u> EXP. DATE <u>03/06/2024</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE	
<input checked="" type="checkbox"/> 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 .098	TEST 2 .099	TEST 3 .098
--------------	--------------	--------------

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

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).

Maintenance conducted in accordance with DHSS guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Amanda Akers
TYPE II PERMIT NUMBER/EXPIRATION DATE 210216 09/16/2023	TELEPHONE NUMBER 816-521-7923 Ext. 1235

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

SUGAR CREEK MISSOURI POLICE DEPARTMENT

ALCO-SENSOR IV WITH PRINTER TEST RESULTS

TEST # 1

AS IV Serial no: 062093
Version no: 532B

TEST RECORD 01640

Temp Date Time ^{s/} 210L

Air Blank:
05/15/23 11:19 .000
Calibration Check:
24 05/15/23 11:19 .098

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Akers # 210216

Location

1001 Heroes way

Sugar Creek, MO.
64054

TEST # 2

AS IV Serial no: 062093
Version no: 532B

TEST RECORD 01641

Temp Date Time ^{s/} 210L

Air Blank:
05/15/23 11:22 .000
Calibration Check:
25 05/15/23 11:22 .099

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

Akers # 210216

Location

1001 Heroes Way

Sugar Creek, MO.
64054

TEST # 3

AS IV Serial no: 062093
Version no: 532B

TEST RECORD 01642

Temp Date Time ^{s/} 210L

Air Blank:
05/15/23 11:24 .000
Calibration Check:
25 05/15/23 11:24 .098

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

Akers # 210216

Location

1001 Heroes way

Sugar Creek, MO.
64054

RFI TEST

AS IV Serial no: 062093
Version no: 532B

TEST RECORD 01643

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/15/23 11:26

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Akers # 210216

Location

1001 Heroes way

Sugar Creek, MO.
64054



CERTIFICATE OF ANALYSIS
EBS - ETHANOL BREATH STANDARD

GUTH LABORATORIES INC
590 NORTH 67TH STREET
HARRISBURG, PA 17111

INVOICE#: 20833403
PO#: 2033679
CUST. ITEM #: DG-U100-10
DATE: Mar. 09, 2021

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer
ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater:
CALGAZ LOT#: 1460001
ETHANOL IN NITROGEN

PRODUCT EXPIRATION: Mar. 06, 2024

Table with 3 columns: COMPONENT, PPM, (BrAC). Rows include ETHANOL (260.5), NITROGEN (BAL), and AVERAGE ANALYTICAL VALUE (262.1).

Table with 3 columns: REFERENCE STANDARD, CYLINDER, CONCENTRATION PPM. Row: M.I. TRACEABLE STANDARDS*, ND50144, 260.6

CERTIFICATION TRACEABLE TO National Metrology Institute Traceable Standards.

TRACEABILITY

Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44. Calibration test 121088, 121097, 121091, or 121100 dated, 18th January 2019 applies.

Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards. Certification Numbers: ND50144-20201218, A679, ND18363-20191203, A650

No affecting environmental conditions during analysis.

*NMI is recognized by NIST through the Mutual Recognition Agreement (CIEM MRA). CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

MANUFACTURED DATE: Mar. 06, 2021

CALGAZ CYLINDER SIZE: 6D

APPROVED BY : [Signature]

"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

CALGAZ, a division of Airgas USA LLC
821 Chesapeake Drive, Cambridge, MD 21613-0149
Phone: (410)228-6400 Fax: (410)228-4251



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

2

PERMIT
TYPE II
AMANDA AKERS

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

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 9/16/2021

NUMBER 210216

EXPIRES 9/16/2023

Laura E. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald B. Kewenig

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 AKERS, AMANDA
 Permit No 210216
 Date Issued 9/16/2021 Date Expires 9/16/2023

