



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 10/16/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1001 Heroes Way, Sugar Creek		TIME OF INSPECTION 9:07 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.

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 Guth Laboratories LOT # 1460001 EXP. DATE 03/06/2024

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 ➡ .096

TEST 2 ➡ .096

TEST 3 ➡ .096

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)    2    | (.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  
 230203 09/13/2025

TELEPHONE NUMBER  
 (816) 521-7923

**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

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">TEST # 1</p> <p>AS IV Serial no: 062093 Version no: 532B</p> <p>TEST RECORD 01695</p> <p>Temp Date Time <sup>sr</sup> 210L</p> <p>Air Blank: 10/16/23 09:07 .000 Calibration Check: 26 10/16/23 09:07 .096</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>#1</u></p> <p>Operator Name, I.D. <u>Akers # 230203</u></p> <p>Location <u>1001 Heroes way</u> <u>Sugar Creek, MO</u> <u>64054</u></p>	<p>AS IV Serial no: 062093 Version no: 532B</p> <p>TEST RECORD 01696</p> <p>Temp Date Time <sup>sr</sup> 210L</p> <p>Air Blank: 10/16/23 09:09 .000 Calibration Check: 27 10/16/23 09:09 .096</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>#2</u></p> <p>Operator Name, I.D. <u>Akers # 230203</u></p> <p>Location <u>1001 Heroes way</u> <u>Sugar Creek, MO</u> <u>64054</u></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">TEST # 3</p> <p>AS IV Serial no: 062093 Version no: 532B</p> <p>TEST RECORD 01697</p> <p>Temp Date Time <sup>sr</sup> 210L</p> <p>Air Blank: 10/16/23 09:11 .000 Calibration Check: 27 10/16/23 09:11 .096</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>#3</u></p> <p>Operator Name, I.D. <u>Akers # 230203</u></p> <p>Location <u>1001 Heroes way</u> <u>Sugar Creek, MO</u> <u>64054</u></p>	<p>AS IV Serial no: 062093 Version no: 532B</p> <p>TEST RECORD 01698</p> <p>Temp Date Time <sup>sr</sup> 210L</p> <p>VOID: RFI 12 10/16/23 09:13</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u># RFI</u></p> <p>Operator Name, I.D. <u>Akers # 230203</u></p> <p>Location <u>1001 Heroes Way</u> <u>Sugar Creek, MO</u> <u>64054</u></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RFI TEST</p>



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, NITROGEN, and AVERAGE ANALYTICAL VALUE.

Table with 3 columns: REFERENCE STANDARD, CYLINDER, CONCENTRATION PPM. Row includes 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 (CIPM 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

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**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 9/13/2023

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230203

*Dave I. Nicholson*

EXPIRES 9/13/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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** 230203  
**Date Issued** 9/13/2023 **Date Expires** 9/13/2025

