



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 097403/099.3586.830	NAME OF AGENCY Shrewsbury PD	DATE OF INSPECTION 08/01/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4400 Shrewsbury Ave, Shrewsbury	TIME OF INSPECTION 2:30 pm
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**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters Inc</u>	LOT # <u>AG211501</u> EXP. DATE <u>04/25/2025</u>
<input type="checkbox"/> 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 $\blackleftarrow$ 0.79	TEST 2 $\blackleftarrow$ 0.79	TEST 3 $\blackleftarrow$ 0.78
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).  
Instructor functioning according to DHSS rules and regulations.

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT NAME Zachery King
TYPE II PERMIT NUMBER/EXPIRATION DATE 210209-09/14/2023	TELEPHONE NUMBER (314) 647-5656

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

RF1!

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00913 s/

Temp Date Time 210L

UOID: RFI  
12 08/01/23 14:36

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

1

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00914 s/

Temp Date Time 210L

Air Blank: 08/01/23 14:37 .000  
Calibration Check: 20 08/01/23 14:37 .079

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

2

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00915 s/

Temp Date Time 210L

Air Blank: 08/01/23 14:39 .000  
Calibration Check: 21 08/01/23 14:39 .079

Subject Name  
TESTER

Subject I.D.  
125

Operator Name, I.D.  
PO KING 125

Location  
SPD

3

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00916 s/

Temp Date Time 210L

Air Blank: 08/01/23 14:41 .000  
Calibration Check: 22 08/01/23 14:41 .078

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD



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

2

PERMIT  
TYPE II

ZACHERY KING

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 9/14/2021

*Laura C. Day*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210209

*Donald S. Krumm*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/14/2023

MO 880-0771 (6-10)

LAB-1 (06-10)

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 **KING, ZACHERY**  
Permit No **210209**  
Date issued **9/14/2021** Date Expires **9/14/2023**



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-Apr-2022

Lot # AG211501 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
25-Apr-2024	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Reason: Dry gas blend's certification of analysis  
Location: Airgas USA LLC (Lab)  
Date: 2022.04.28 15:18

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