



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 097411	PRINTER SN 03A.2436.096	DATE OF INSPECTION 02/08/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 7:04 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG114701</u>	EXP. DATE <u>05/27/2023</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
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- 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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .100	TEST 3 <input checked="" type="checkbox"/> .100
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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	4	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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).

Instrument meets all DHSS standards and guideline.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME DEP. S. STOFF
TYPED PERMIT NUMBER/EXPIRATION DATE 220266 / 12/02/2024	TELEPHONE NUMBER (816) 795-1960

**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

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01362

Temp Date Time 210L  
s/

Air Blank: 02/08/23 19:54 .000  
Calibration Check: 22 02/08/23 19:54 .100

Subject Name

TEST 1

Subject I.D. Monthly Maint  
Operator Name, I.D. STOFF

Location JCSO GHR

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01363

Temp Date Time 210L  
s/

Air Blank: 02/08/23 19:56 .000  
Calibration Check: 23 02/08/23 19:56 .100

Subject Name

TEST 2

Subject I.D. Monthly Maint  
Operator Name, I.D. STOFF

Location JCSO GHR

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01364

Temp Date Time 210L  
s/

Air Blank: 02/08/23 19:59 .000  
Calibration Check: 23 02/08/23 19:59 .100

Subject Name

TEST 3

Subject I.D. Monthly Maint  
Operator Name, I.D. STOFF

Location JCSO GHR

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01365

Temp Date Time 210L  
s/

UID: RFI  
12 02/08/23 20:00

Subject Name

TEST REF

Subject I.D. Monthly Maint  
Operator Name, I.D. STOFF

Location JCSO GHR



**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:** 1-Jun-2021

**Lot # AG114701 Model 108cadd**

<b><u>Exp. Date</u></b> 27-May-2023	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (272 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<b><u>RGM Serial No.</u></b> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<b><u>Concentration</u></b> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<b><u>RGM Serial No.</u></b> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<b><u>Concentration</u></b> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<b><u>CRM Serial No.</u></b> CC434668 CC234503	<b><u>Concentration</u></b> 800.0 ppm 253.0 ppm	<b><u>CRM Serial No.</u></b> 0056649 0056662	<b><u>Concentration</u></b> 390.1 ppm 150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2021.06.03 17:37:33 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

**Approved for Release:** \_\_\_\_\_

*Rod Marsala*  
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 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**  
**SEAN R. STOFF**

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 12/2/2022

*Mike Thompson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220266

EXPIRES 12/2/2024

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-3771 (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 **STOFF, SEAN**  
 Permit No **220266**  
 Date Issued **12/2/2022** Date Expires **12/2/2024**

