



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<br>097411  | PRINTER SN<br>03A.2436.096 | DATE OF INSPECTION<br>08/23/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064 |                            | TIME OF INSPECTION<br>6:27 pm    |

**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) **32°**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG304002 EXP. DATE 02/09/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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 ➡ .097 | TEST 2 ➡ .097 | TEST 3 ➡ .097 |
|---------------|---------------|---------------|

- 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 | 2 | (0-.04) | 0 | (.05-.09) | 1 | (.10-.14) | 5 | (.15-.19) | 1 | (OVER .19) | 2 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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<br>  | PRINT NAME<br>Dep.S. Plain #101/0448 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220007 01/06/2024 | TELEPHONE NUMBER<br>(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 01419 s/  
Temp Date Time 210L

Air Blank: 08/23/23 18:27 .000  
Calibration Check: 32 08/23/23 18:27 .097

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name: I.D.

*Plan #107*  
Location  
*GHQ*

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01420 s/  
Temp Date Time 210L

Air Blank: 08/23/23 18:29 .000  
Calibration Check: 32 08/23/23 18:29 .097

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name: I.D.

*Plan #107*  
Location  
*GHQ*

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01421 s/  
Temp Date Time 210L

Air Blank: 08/23/23 18:31 .000  
Calibration Check: 32 08/23/23 18:31 .097

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name: I.D.

*Plan #101*  
Location  
*GHQ*

AS IV Serial no: 097411  
Version no: 532B

TEST RECORD 01422 s/  
Temp Date Time 210L

VOID: RFI  
12 08/23/23 18:33

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name: I.D.

*Plan #107*  
Location  
*GHQ*



**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:** 9-Feb-2023

**Lot #** AG304002 **Model** 108

|                               |                         |   |   |
|-------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>9-Feb-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (272 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 standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:02.09.2023 19:01

**Approved for Release:**   
 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

2

**PERMIT**  
**TYPE II**  
**SEAN PLAIN**

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 1/6/2022

NUMBER 220007

EXPIRES 1/6/2024

MO 580-0771 (6-10)

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Rowan*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 PLAIN, SEAN  
 Permit No 220007  
 Date Issued 1/6/2022 Date Expires 1/6/2024

