



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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 06/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701		TIME OF INSPECTION 7:59 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 Intoximeters LOT # AG304703 EXP. DATE 02/16/2025
- 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 → 0.079	TEST 2 → 0.079	TEST 3 → 0.079
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Brian Kincaide #258</i>	PRINT NAME Brian C. Kincaide
TYPE II PERMIT NUMBER/EXPIRATION DATE 230008 EXP: 1/10/2025	TELEPHONE NUMBER (816) 380-8940

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: 097430  
Version no: 532B

TEST RECORD 00947

Temp Date Time 210L %  
Air Blank: 06/22/23 08:03 .000  
Calibration Check: 24 06/22/23 08:03 .079

Subject Name  
Check # 2  
Subject I.D.  
Kincaid  
Operator Name, I.D.  
HPP  
Location

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00949

Temp Date Time 210L %  
VOID: RFI  
12 06/22/23 08:28

Subject Name  
RFI Check  
Subject I.D.  
Kincaid  
Operator Name, I.D.  
HPP  
Location

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00946

Temp Date Time 210L %  
Air Blank: 06/22/23 08:01 .000  
Subject Test: Man 24 06/22/23 08:01 .079

Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00948

Temp Date Time 210L %  
Air Blank: 06/22/23 08:05 .000  
Calibration Check: 25 06/22/23 08:05 .079

Subject Name  
Check # 3  
Subject I.D.  
Kincaid  
Operator Name, I.D.

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00945

Temp Date Time 210L %  
Air Blank: 06/22/23 07:59 .000  
Calibration Check: 23 06/22/23 07:59 .079

Subject Name  
Check # 1  
Subject I.D.  
Kincaid  
Operator Name, I.D.  
HPP  
Location

Location

AS IV Serial no: 097430  
Version no: 532B

TEST RECORD 00944

Temp Date Time 210L %  
Air Blank: 06/22/23 07:56 .000  
Subject Test: Man 22 06/22/23 07:56 .079

Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location



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:** 16-Feb-2023

**Lot #** AG304703 **Model** 108

<b>Exp Date</b> 16-Feb-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 ppm)
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**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		

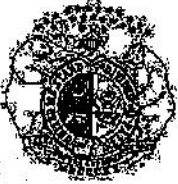
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 02.16.2023 19:09

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

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PERMIT  
 TYPE II

BRIAN C. KINCAIDE

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, INTOX EC/IR II**

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: 1/10/2023

NUMBER: 230008

EXPIRES: 1/10/2025

*Mike Mason*

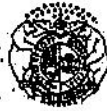
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (06/10)

MO 580-9771 (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 KINCAIDE, BRIAN

Permit No 230008

Date Issued 1/10/2023 Date Expires 1/10/2025

