



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 09/23/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701		TIME OF INSPECTION 1554

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 ← 0.080	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 IU Serial no: 097430
Version no: 532B

TEST RECORD 00970

Temp Date Time 210L
Air Blank: 09/23/23 15:51 .000
Subject Test: Man
21 09/23/23 15:51 .000

Subject Name
Test Test
Subject I.D.
KINCAIDE
Operator Name, I.D.
HPD
Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00971

Temp Date Time 210L
Air Blank: 09/23/23 15:54 .000
Calibration Check:
22 09/23/23 15:54 .000

Subject Name
Test 1
Subject I.D.
KINCAIDE
Operator Name, I.D.
HPD
Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00972

Temp Date Time 210L
Air Blank: 09/23/23 15:56 .000
Calibration Check:
23 09/23/23 15:56 .079

Subject Name
Test 2
Subject I.D.
KINCAIDE
Operator Name, I.D.
HPD
Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00973

Temp Date Time 210L
Air Blank: 09/23/23 15:58 .000
Calibration Check:
23 09/23/23 15:58 .079

Subject Name
Test 3
Subject I.D.
KINCAIDE
Operator Name, I.D.
HPD
Location

AS IU Serial no: 097430
Version no: 532B

TEST RECORD 00974

Temp Date Time 210L
VOID: RFI
12 09/23/23 16:00

Subject Name
RFI Test
Subject I.D.
KINCAIDE
Operator Name, I.D.
HPD
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

Exp Date 16-Feb-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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 18:09

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

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas F. Nicholson

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 KINCAIDE, BRIAN
Permit No 230008
Date issued 1/10/2023 Date Expires 1/10/2025

