



**RECEIVED**

By Brianna Medrano at 8:06 am, Apr 28, 2023

**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>105452 | NAME OF AGENCY<br>Belle Police Department | DATE OF INSPECTION<br>04/23/2023 |
|-----------------------------|---|----------------------------------|

|  |                               |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>106 E. 3rd Sreet Belle, MO 65013 | TIME OF INSPECTION<br>8:08 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)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG300603 EXP. DATE 04/23/2023

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 • .104

TEST 2 • .104

TEST 3 • .102

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Monthly Maintenance

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Sgt Mark Morgan

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230018 01/31/2025

TELEPHONE NUMBER  
(573) 859-3535

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

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00489

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/23/23 20:28 .000  
Calibration Check:  
20 04/23/23 20:28 .104

Subject Name  
TEST #1

Subject I.D.

Operator Name, I.D.  
MARK MORGAN 301

Location  
106 E 3RD

Belle Mo  
Belle PD

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00490

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/23/23 20:30 .000  
Calibration Check:  
20 04/23/23 20:30 .104

Subject Name  
TEST #2

Subject I.D.

Operator Name, I.D.  
MARK MORGAN 301

Location  
Belle PD

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00491

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/23/23 20:33 .000  
Calibration Check:  
22 04/23/23 20:33 .102

Subject Name  
TEST #3

Subject I.D.

Operator Name, I.D.  
MARK MORGAN 301

Location  
Belle PD

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00492

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 04/23/23 20:34

Subject Name  
RFI

Subject I.D.

Operator Name, I.D.  
MARK MORGAN 301

Location  
Belle PD



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:** 6-Jan-2023

**Lot #** AG300603 **Model** 34

|                               |                        |   |   |
|-------------------------------|------------------------|---|---|
| <b>Exp Date</b><br>6-Sep-2024 | <b>Cyl. Type</b><br>34 | <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 anlysis  
 Location:Airgas USA LLC (Lab)  
 Date:01.06.2023 19:28

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



**PERMIT**  
**TYPE II**  
**MARK D. MORGAN**

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 1/31/2023

NUMBER 230018

EXPIRES 1/31/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 MORGAN, MARK  
Permit No 230018  
Date Issued 1/31/2023 Date Expires 1/31/2025

