

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 1:59 pm, Dec 20, 2023

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

				TIET OTTE #7	
Complete this report in duplicate at the time of the Send copy to Department of Health and Senior S	he regular monthly pr Services; retain origin	reventative maintena al in department file.	ance check, and w	henever instrument is repaired.	
ALCO SENSOR IV SN 107983	NAME OF AGENCY Clay County Sher	iff's Office		TE OF INSPECTION 2/05/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068			TIN	#E OF INSPECTION 14 am	
CHECKLIST: Place a mark in the box by each iter			within established	limits. (Write in observed values	
where determined.) Unmarked items must be con DIGITAL READOUT (ALL ELEMENTS OPER		nstrument.			
☑ TEMPERATURE OF ALCO SENSOR (10°C					
✓ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY	***************************************	•	YHMA-1A		
BREATH ALCOHOL ACCURACY STANDARDS					
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
✓ STANDARD SUPPLIER Intoximeters LOT # AG221502			EXP. DATE <u>08/03/2024</u>		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN			SIM. NIST EXP DATE		
less. Check the box corresponding to the state 0.100% STANDARD - MUST READ BE 0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE	TWEEN 0.095% and TWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE	· [
TEST 1 ☞ ,099	ST 2 🖛 ,099		TEST 3 🖛 .097		
☑ RFI DETECTOR OPERATING	···			***************************************	
INDICATE THE NUMBER OF BREATH TESTS I (DO NOT INCLUDE SELF-ADMINISTERED TES		RANGES SINCE T	HE LAST MAINTI	ENANCE REPORT:	
REFUSALS 0 (004) 0 (0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteration o established limits (use other side if necessary).	or modification that wa	as made to restore	the instrument to c	perate satisfactorily and within	
INSPECTING OFFICER SIGNATURE			PRINT NAME		
10m by 823/			Tom Butkovich		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230113 - 06/05/2025			TELEPHONE NUMBER (816) 407-3702		
Return completed report to the: Breath Alcohol	ol Program. MO Depa	artment of Health an	d Senior Services.	Southeast District Office	

by mail, fax, or email.

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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: 27-Jan-2021

Lot # AG102503 Model 108cacd

Exp. Date 25-Jan-2023

Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 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 Date: 2021,01,29 13:36:13 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 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



LAB-4 (R6-10)

PERMIT TYPE II

THOMAS F. BUTKOVICH

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. Mile Massin-DATE -6/5/2023DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230113 Davea I. Nichelson EXPIRES 6/5/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al.

Operator BUTKOVICH, THOMAS

Permit No 230113

Date Issued 6/5/2023 Date Expires 6/5/2025

