



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 110743	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 08/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 6:40 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 # AG304601 EXP. DATE 02/15/2025

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 → 0.100

TEST 2 → 0.102

TEST 3 → .098

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-.04)

(.05-.09)

(.10-.14)

(.15-.19)

(OVER .19)

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

PRINT NAME

John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE

210197 Exp-09/09/2023

TELEPHONE NUMBER

(816) 596-8206

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

# SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT ASIV- W/PRINTER

<p>AS IV Serial no: 110743 Version no: 532B</p> <p>TEST RECORD 01986 <sup>s/</sup></p> <p>Temp Date Time 210L</p> <p>VOID: RFI 12 08/02/23 06:40</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster, John 28977</u></p> <p>Operator Name, I.D. <u>501 Foreman Street</u></p> <p>Location <u>Saint Joseph 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 110743 Version no: 532B</p> <p>TEST RECORD 01987 <sup>s/</sup></p> <p>Temp Date Time 210L</p> <p>Air Blank: 08/02/23 06:43 .000</p> <p>Calibration Check: 22 08/02/23 06:43 .100</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster, John 28977</u></p> <p>Operator Name, I.D. <u>501 Foreman Street</u></p> <p>Location <u>Saint Joseph mo 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 110743 Version no: 532B</p> <p>TEST RECORD 01988 <sup>s/</sup></p> <p>Temp Date Time 210L</p> <p>Air Blank: 08/02/23 06:45 .000</p> <p>Calibration Check: 23 08/02/23 06:45 .102</p> <p>Subject Name <u>Monthly Test</u></p> <p>Subject I.D. <u>Foster, John 28977</u></p> <p>Operator Name, I.D. <u>501 Foreman Street</u></p> <p>Location <u>Saint Joseph Mo 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 110743 Version no: 532B</p> <p>TEST RECORD 01989 <sup>s/</sup></p> <p>Temp Date Time 210L</p> <p>Air Blank: 08/02/23 06:48 .000</p> <p>Calibration Check: 23 08/02/23 06:48 .098</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster, John 28977</u></p> <p>Operator Name, I.D. <u>501 Foreman Street</u></p> <p>Location <u>Saint Joseph Mo</u></p> <p><u>LEC</u></p>
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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:** 15-Feb-2023

**Lot #** AG304601 **Model** 108

<b>Exp Date</b> 15-Feb-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

RGM Serial No.	Concentration
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

RGM Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM Serial No.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

CRM Serial No.	Concentration
CC727493	390.0 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 13:50

**Approved for Release:**                     *Rod Marsala*                      
 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**  
**JOHN L. FOSTER**

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

*Laura E. Wag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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** FOSTER, JOHN  
**Permit No** 210197  
**Date Issued** 9/9/2021 **Date Expires** 9/9/2023

