



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 111629	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 02/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue, Columbia, MO 65211		TIME OF INSPECTION 4:25 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG211002</u> EXP. DATE <u>04/20/2024</u>
<input type="checkbox"/> 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 ← .083	TEST 2 ← .083	TEST 3 ← .082
---------------	---------------	---------------

- 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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	6	(.15-.19)	2	(OVER .19)	4
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Instrument operating per Department of Health and Senior Services standards.

**INSPECTING OFFICER**

SIGNATURE <i>Kevin A. Stroer</i>	PRINT NAME Kevin Stroer
TYPE II PERMIT NUMBER/EXPIRATION DATE #220139 / Expires 05/11/2024	TELEPHONE NUMBER (573) 882-7202

**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: 111629  
Version no: 532B

TEST RECORD 01367

Temp Date Time <sup>9/</sup>210L

Air Blank:  
02/05/23 04:25 .000  
Calibration Check:  
18 02/05/23 04:25 .083

Subject Name  
Monthly Maintenance  
Subject I.D.

Test #1  
Operator Name I.D.  
Kevin J. Stroer  
Permit # 220139  
Location

901 Virginia Avenue,  
Columbia, MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01368

Temp Date Time <sup>9/</sup>210L

Air Blank:  
02/05/23 04:31 .000  
Calibration Check:  
19 02/05/23 04:31 .083

Subject Name  
Monthly Maintenance  
Subject I.D.

Test #2  
Operator Name I.D.  
Kevin J. Stroer  
Permit # 220139  
Location

901 Virginia Avenue,  
Columbia, MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01369

Temp Date Time <sup>9/</sup>210L

Air Blank:  
02/05/23 04:37 .000  
Calibration Check:  
21 02/05/23 04:37 .082

Subject Name  
Monthly Maintenance  
Subject I.D.

Test #3  
Operator Name I.D.  
Kevin J. Stroer  
Permit # 220139  
Location

901 Virginia Avenue,  
Columbia, MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01370

Temp Date Time <sup>9/</sup>210L

VOID: RFI  
12 02/05/23 04:41

Subject Name  
Monthly Maintenance  
Subject I.D.

Test #4, VOID RFI!  
Operator Name I.D.  
Kevin J. Stroer  
Permit # 220139  
Location

901 Virginia Avenue,  
Columbia, MO 65211



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: 21-Apr-2022

Lot # AG211002 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
20-Apr-2024	108	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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 analysis  
 Location:Airgas USA LLC (Lab)  
 Date:04.28.2022 15:35

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**  
**KEVIN STROER**

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 5/11/2022

NUMBER 220139

EXPIRES 5/11/2024

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 STROER, KEVIN  
 Permit No 220139  
 Date Issued 5/11/2022 Date Expires 5/11/2024

