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By Tracy Crews at 9:04 am, Nov 06, 2023



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 11/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue, Columbia, MO 65211		TIME OF INSPECTION 10:05 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 # AG211002 EXP. DATE 04/02/2024

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 .082

TEST 2 .081

TEST 3 .081

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)
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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

PRINT NAME

Kyle Townley

TYPE II PERMIT NUMBER/EXPIRATION DATE

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 01540

Temp Date Time 210L<sup>9/</sup>  
-----  
Air Blank:  
11/02/23 22:25 .000  
Calibration Check:  
22 11/02/23 22:25 .082

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
Townley 230234  
Location  
MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01541

Temp Date Time 210L<sup>9/</sup>  
-----  
Air Blank:  
11/02/23 22:28 .000  
Calibration Check:  
23 11/02/23 22:28 .081

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
Townley 230234  
Location  
MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01542

Temp Date Time 210L<sup>9/</sup>  
-----  
Air Blank:  
11/02/23 22:30 .000  
Calibration Check:  
24 11/02/23 22:30 .081

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
Townley 230234  
Location  
MUPD

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01543

Temp Date Time 210L<sup>9/</sup>  
-----  
VOID: RFI  
12 11/02/23 22:33

Subject Name  
Test RFI  
Subject I.D.

Operator Name, I.D.  
Townley 230234  
Location  
MUPD



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**

<b>Exp Date</b> 20-Apr-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.082 ± 0.002 BrAC (223 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:04.28.2022 15:35

**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

2

**PERMIT**  
**TYPE II**  
**KYLE TOWNLEY**

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 DMT**

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 10/31/2023

NUMBER 230234

EXPIRES 10/31/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David S. Nicholson*

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 TOWNLEY, KYLE  
 Permit No 230234  
 Date Issued 10/31/2023 Date Expires 10/31/2025

