



**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 111630	NAME OF AGENCY Miller County Sheriff's Office	DATE OF INSPECTION 10/28/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 1999 Hwy 52 Tuscumbia, Missouri 65082	TIME OF INSPECTION 2:14 am
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**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>AG231902</u> EXP. DATE <u>11/15/2024</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  .100	TEST 2  .099	TEST 3  .098
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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	10	(0-.04)	(.05-.09)	2	(.10-.14)	3	(.15-.19)	2	(OVER .19)	2
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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).

10 refusals are for training.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Corporal Patrick
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220136 05/11/2024	TELEPHONE NUMBER (573) 369-2341
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**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: 111638  
Version no: 532B

TEST RECORD 01031

Temp Date Time 216L

Air Blank: 10/28/23 02:14 .000  
Calibration Check: 28 10/28/23 02:14 .100

Subject Name

test #1

Subject I.D.

Petrick 220136

Operator Name, I.D.

MCSO

Location

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 01032

Temp Date Time 216L

Air Blank: 10/28/23 02:16 .000  
Calibration Check: 28 10/28/23 02:16 .000

Subject Name

test #2

Subject I.D.

Petrick 220136

Operator Name, I.D.

MCSO

Location

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 01033

Temp Date Time 216L

Air Blank: 10/28/23 02:18 .000  
Calibration Check: 28 10/28/23 02:18 .000

Subject Name

test #3

Subject I.D.

Petrick 220136

Operator Name, I.D.

MCSO

Location

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 01035

Temp Date Time 216L

Air Blank: 10/28/23 02:21 .000  
Standard Test: Auto 28 10/28/23 02:21 .000

Subject Name

Blank test

Operator Name, I.D.

Petrick 220136

Location

MCSO

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 01634

Temp Date Time 216L

WVTR: RFI 12 10/28/23 02:28

Subject Name

RFI

Subject I.D.

Petrick 220136

Operator Name, I.D.

MCSO

Location



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:** 17-Nov-2022

**Lot #** AG231902 **Model** 108

<b>Exp Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
15-Nov-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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

<b>RGM Serial No.</b>	<b>Concentration</b>	<b>RGM Serial No.</b>	<b>Concentration</b>
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		

<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
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: 11.17.2022 20:17

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

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**PERMIT**  
**TYPE II**  
**SCOTT E. PATRICK**

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 5/11/2022

*Laura A. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220136

*Daniel J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024

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** PATRICK, SCOTT  
**Permit No** 220136  
**Date Issued** 5/11/2022 **Date Expires** 5/11/2024

