



**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 <b>111638</b>	NAME OF AGENCY <b>Smithville Police Department</b>	DATE OF INSPECTION <b>10/26/2023</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>107 W Main St, Smithville, MO 64089</b>	TIME OF INSPECTION <b>1800</b>
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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>AG306807</u> EXP. DATE <u>03/09/2025</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  0.101	TEST 2  0.102	TEST 3  0.102
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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	(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).

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**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Daniel Gearhart</b>
TYPE IT PERMIT NUMBER/EXPIRATION DATE <b>2200126 05/11/2024</b>	TELEPHONE NUMBER <b>( 816)532-0500</b>

**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 00264

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

Air Blank:  
10/26/23 18:00 .000  
Calibration Check:  
26 10/26/23 18:00 .101

Subject Name

MAINTENANCE

Subject I.D.

CHECK 1

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64085

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00265

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

Air Blank:  
10/26/23 18:02 .000  
Calibration Check:  
26 10/26/23 18:02 .102

Subject Name

MAINTENANCE

Subject I.D.

#2

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64085

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00266

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

Air Blank:  
10/26/23 18:03 .000  
Calibration Check:  
27 10/26/23 18:03 .102

Subject Name

MAINTENANCE

Subject I.D.

#3

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64085

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00267

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

VOID: RFI  
12 10/26/23 18:05

Subject Name

MAINTENANCE

Subject I.D.

RFI

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64085



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: 13-Mar-2023

Lot # AG306807 Model 108

Exp Date 9-Mar-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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	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: 03.16.2023 13:02

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

DANIEL GEARHART

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 308.111 through 308.119 RSMo.

DATE 5/11/2022

NUMBER 220126

EXPIRES 5/11/2024

MSD 629-3771 (6-10)

*James W. Long*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Daniel K. Richardson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (7-1-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The permit holder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in the breath of expired air.

Operator GEARHART, DANIEL  
Permit No 220126  
Date Issued 5/11/2022 Date Expires 5/11/2024