



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 111654	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 01/24/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079		TIME OF INSPECTION 8:05 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, Inc. LOT # AG114002 EXP. DATE 05/20/2023
- 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  .098	TEST 2  .099	TEST 3  .095
--------------	--------------	--------------

- 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)	1	(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 William Beeler
TYPE II PERMIT NUMBER/EXPIRATION DATE 220122 / 05-11-2024	TELEPHONE NUMBER (816) 858-3521

**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: 111654  
Version no: 532B

TEST RECORD 00204

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

Air Blank:  
01/24/23 20:05 .000  
Calibration Check:  
22 01/24/23 20:05 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup> 5/11/24

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00205

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

Air Blank:  
01/24/23 20:07 .000  
Calibration Check:  
23 01/24/23 20:07 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup> 5/11/24

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00206

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

Air Blank:  
01/24/23 20:08 .000  
Calibration Check:  
23 01/24/23 20:08 .095

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup> 5/11/24

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00207

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

Air Blank:  
01/24/23 20:11 .000  
Subject Test: Auto  
24 01/24/23 20:11 .000

Subject Name

Blank (Sober)

Subject I.D.

Operator Name, I.D. <sup>220122</sup>

W. Beeler 5/11/24

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00208

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

VOID: RFI  
12 01/24/23 20:12

Subject Name

RFI

Subject I.D.

Operator Name, I.D. <sup>220122</sup>

W. Beeler 5/11/24

Location

415 Third St

Platte City Mo



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-May-2021

**Lot # AG114002 Model 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2021.05.21 11:39:32 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

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**  
**WILLIAM BEELER**

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

NUMBER 220122

EXPIRES 5/11/2024

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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 **BEELER, WILLIAM**  
 Permit No **220122**  
 Date Issued **5/11/2022** Date Expires **5/11/2024**

