



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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 10/17/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 00:23 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**

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG309501 EXP. DATE 04/05/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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 → .098      TEST 3 → .098

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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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).

Instrument operating within MO DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE *LT Jeffrey Kirk #104*

PRINT NAME  
LT. Jeffrey Kirk # 104

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220076 03/09/2024

TELEPHONE NUMBER  
(816) 452-4613

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 01194

Temp Date Time 219L

Air Blanks:  
18/17/23 08:11 .000  
Calibration Check:  
21 18/17/23 08:11 .000

Subject Name  
Test # 1  
Subject I.D.

Operator Name, I.D. 220076

LT. Jeffrey Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy  
Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 01700

Temp Date Time 210L

Air Blanks:  
18/17/23 08:13 .000  
Calibration Check:  
22 18/17/23 08:13 .000

Subject Name  
Test # 2  
Subject I.D.

Operator Name, I.D. 220076

LT. Jeffrey Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy  
Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 01291

Temp Date Time 210L

Air Blanks:  
18/17/23 08:14 .000  
Calibration Check:  
22 18/17/23 08:14 .000

Subject Name  
Test #3  
Subject I.D.

Operator Name, I.D. 220076

LT. Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy  
Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 01262

Temp Date Time 210L

VOID: RFI  
42 18/17/23 08:16

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D. 220076

LT. Jeffrey Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy  
Claycomo, mo 64119



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: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date 5-Apr-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: 04.05.2023 17:34

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**  
**JEFFREY KIRK**

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 3/9/2022

NUMBER 220076

EXPIRES 3/9/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 KIRK, JEFFREY  
Permit No 220076  
Date Issued 3/9/2022 Date Expires 3/9/2024