



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 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 07/11/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 9:19 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 # AG231902 EXP. DATE 11/15/2024
- 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 ← 0.98	TEST 2 ← 0.98	TEST 3 ← 0.98
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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	(0-.04)	5	(.05-.09)	2	(.10-.14)	1	(.15-.19)	1	(OVER .19)	4
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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 SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

<b>INSPECTING OFFICER</b>	
SIGNATURE ▶	PRINT NAME Jesse Dennison
TYPE II PERMIT NUMBER/EXPIRATION DATE 220166, 06/24/2024	TELEPHONE NUMBER (573) 875-1111

**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: 111744  
Version no: 532B

TEST RECORD 00740

Temp Date Time 210L  
s/

Air Blank: 07/11/23 21:19 .000  
Calibration Check: 38 07/11/23 21:19 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Dennison, 200166

Location

211 County Dr

Air Blank: 07/11/23 21:21 .000  
Calibration Check: 38 07/11/23 21:21 .098

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Dennison, 200166

Location

211 County Dr

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00742

Temp Date Time 210L  
s/

Air Blank: 07/11/23 21:23 .000  
Calibration Check: 37 07/11/23 21:23 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Dennison, 200166

Location

211 County Dr

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 06743

Temp Date Time 210L  
s/

VOID: RFI  
12 07/11/23 21:25

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Dennison, Jackie

Location

214 County Dr



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



**PERMIT**  
**TYPE II**  
**JESSE DENNISON**

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 6/24/2022

NUMBER 220166

EXPIRES 6/24/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielson*

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** DENNISON, JESSE  
**Permit No** 220166  
**Date Issued** 6/24/2022 **Date Expires** 6/24/2024





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

**RECEIVED**  
By Tracy Crews at 4:01 pm, Jun 22, 2022

**APPROVED**  
By Brianna Medrano at 11:14 am, Jun 23, 2022

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE			
PRINT FULL NAME Jesse Ryan Demison		TITLE Deputy Sheriff	AGE 27		
A disclosure concerning your SSN number is available at: <a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a>					
DEPARTMENT OR TROOP Boone County Sheriff's office		TELEPHONE 573-875-1111			
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 2121 E county Dr, Columbia, MO 65202					
EMAIL ADDRESS Jdemison@boonecountymo.org					
<b>LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS</b> (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)					
DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
6/13-6/17/22	MSC	36	Type II Superu3or	<input type="checkbox"/>	Lutmer
6/15/22	MSC	8	Type II AS4 lab	<input checked="" type="checkbox"/>	Bond
6/22/22	MSC	8	Type II DMT lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	
List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.					
MANUFACTURER AND NAME OF INSTRUMENT		NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS		
1.	ALCO-SENSOR IV W/ PRINTER	2 MR'S OK BLM	10 SELF-TESTS OK BLM		
2.	INTOX DMT	2 MR'S OK BLM	10 SELF-TESTS OK BLM		
3.					
When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.					
To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.					
SIGNATURE OF APPLICANT 			DATE 6/22/22		
RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901					



**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> 15-Nov-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 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: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**