



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 111751	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 11/08/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DRIVE, COLUMBIA, MO 65202		TIME OF INSPECTION 10:03 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG210902</u> EXP. DATE <u>04/19/2024</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  .098	TEST 2  .097	TEST 3  .096
--------------	--------------	--------------

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

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).

A time discrepancy of 1 hour was corrected, due to daylight savings, otherwise the instrument was operating per the Department of Health and Senior Services standards.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME KEVIN STROER, 6179
TYPE II PERMIT NUMBER/EXPIRATION DATE #220139, EXPIRES 05/11/2024	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: 111751  
Version no: 532B

TEST RECORD 00710

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

Air Blank:  
11/08/23 22:13 .000  
Calibration Check:  
20 11/08/23 22:13 .098

Subject Name

Monthly Maintenance

Subject I.D.

Test # 1

Operator Name, I.D.  
Kevin J. Stroer  
Permit # 220139

Location

2111 E. County Drive,

Columbia, MO 65202

AS IV Serial no: 111751  
Version no: 532B

TEST RECORD 00711

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

Air Blank:  
11/08/23 22:19 .000  
Calibration Check:  
21 11/08/23 22:19 .097

Subject Name

Monthly Maintenance

Subject I.D.

Test # 2

Operator Name, I.D.  
Kevin J. Stroer  
Permit # 220139

Location

2111 E. County Drive,

Columbia, MO 65202

AS IV Serial no: 111751  
Version no: 532B

TEST RECORD 00712

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

Air Blank:  
11/08/23 22:25 .000  
Calibration Check:  
22 11/08/23 22:25 .096

Subject Name

Monthly Maintenance

Subject I.D.

Test # 3

Operator Name, I.D.  
Kevin J. Stroer  
Permit # 220139

Location

2111 E. County Drive,

Columbia, MO 65202

AS IV Serial no: 111751  
Version no: 532B

TEST RECORD 00713

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

VOID: RTI  
12 11/08/23 22:29

Subject Name

Monthly Maintenance

Subject I.D.

Test: Void OET

Operator Name, I.D.  
Kevin J. Stroer  
Permit # 220139

Location

2111 E. County Drive,

Columbia, MO 65202



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:** 20-Apr-2022

**Lot #** AG210902 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
19-Apr-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

**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:04.21.2022 14:54

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**  
**KEVIN STROER**

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 5/11/2022

NUMBER 220139

EXPIRES 5/11/2024

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 STROER, KEVIN  
 Permit No 220139  
 Date Issued 5/11/2022 Date Expires 5/11/2024

