



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:36 am, Jan 17, 2023

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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 01/15/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 6:14 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 # _____ EXP. DATE _____

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 ➔ .095

TEST 2 ➔ .094

TEST 3 ➔ .094

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).

Printer tape moved when printing the first test. Reprint was created after adjustment.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
 John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE
 210197 Exp-09/09/2023

TELEPHONE NUMBER
 (816) 596-8206

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

**ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH
POLICE DEPARTMENT 501 FARAOON STREET ST. JOSEPH MO. 64501**

<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD - REPRINT</p> <p>TEST RECORD 00428</p> <p>Temp Date Time 210L 12 01/15/23 06:20</p> <p>Air Blank: 01/15/23 06:14 .000 Calibration Check: 21 01/15/23 06:14 .095</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Ester, Phil 2897</u> Operator Name, I.D.: <u>501 Faraoon Street</u> Location: <u>Saint Joseph MO 64501</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00429</p> <p>Temp Date Time 210L 12 01/15/23 06:17</p> <p>Air Blank: 01/15/23 06:17 .000 Calibration Check: 22 01/15/23 06:17 .094</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Ester, John 2897</u> Operator Name, I.D.: <u>501 Faraoon St.</u> Location: <u>Saint Joseph MO 64501</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00430</p> <p>Temp Date Time 210L 23 01/15/23 06:19</p> <p>Air Blank: 01/15/23 06:19 .000 Calibration Check: 23 01/15/23 06:19 .094</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Foster</u> Operator Name, I.D.: <u>501 Faraoon St.</u> Location: <u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00431</p> <p>Temp Date Time 210L 12 01/15/23 06:20</p> <p>VOID: RFI 12 01/15/23 06:20</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Ester, J. 2897</u> Operator Name, I.D.: <u>501 Faraoon St.</u> Location: <u>St. Joe MO 64501</u></p>
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Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 27-Jan-2021

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG102503 Model 108cacd

<u>Exp. Date</u> 25-Jan-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.01.29 13:36:13 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: 
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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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).

Battery was showing low and replaced. All checked in good order after.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE

210197 Exp-09/09/2023

TELEPHONE NUMBER

(816) 596-8206

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



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

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PERMIT
TYPE II
JOHN L. FOSTER

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 306.111 through 306.119 RSMo.

DATE 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 680-0771 (6-10)

 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 FOSTER, JOHN
 Permit No 210197
 Date Issued 9/9/2021 Date Expires 9/9/2023

