



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is red. Send copy to Department of Health and Senior Services; retain original in department file.

|   |  |                                  |
|---|--|----------------------------------|
| ALCO SENSOR IV SN<br>111763   | NAME OF AGENCY<br>Saint Joseph Police Department | DATE OF INSPECTION<br>03/11/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon Street, Saint Joseph MO. 64501 |  | TIME OF INSPECTION<br>1:01 pm    |

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observations 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 # AG304601 EXP. DATE 02/15/2025

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 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)

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily or established limits (use other side if necessary).

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

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>  | PRINT NAME<br>John L. Foster       |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>210197 Exp-09/09/2023 | TELEPHONE NUMBER<br>(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 FARAON STREET ST. JOSEPH MO. 64501**

|   |   |   |   |
|---|---|---|---|
| <p>AS IV Serial no: 111763<br/>Version no: 532B</p> <p>TEST RECORD 00446</p> <p>Temp Date Time 210L</p> <p>Air Blank: 03/11/23 15:01 .000<br/>Calibration Check: 21 03/11/23 15:01 .095</p> <p>Subject Name: <u>Monthly Testing</u><br/>Subject I.D. <u>J Foster 28977</u><br/>Operator Name, I.D. <u>501 Faraon St.</u><br/>Location <u>Saint Joseph MO 64501</u><br/><u>LEC</u></p> | <p>AS IV Serial no: 111763<br/>Version no: 532B</p> <p>TEST RECORD 00443</p> <p>Temp Date Time 210L</p> <p>NCIM: PFI 42 03/11/23 15:05</p> <p>Subject Name: <u>Monthly</u><br/>Subject I.D. <u>J Foster 28977</u><br/>Operator Name, I.D. <u>501 Faraon St.</u><br/>Location <u>LEC</u></p> | <p>AS IV Serial no: 111763<br/>Version no: 532B</p> <p>TEST RECORD 00443</p> <p>Temp Date Time 210L</p> <p>Air Blank: 03/11/23 15:07 .000<br/>Calibration Check: 20 03/11/23 15:07 .094</p> <p>Subject Name: <u>Monthly Foster</u><br/>Subject I.D. <u>J Foster 28977</u><br/>Operator Name, I.D. <u>501 Faraon St.</u><br/>Location <u>LEC</u></p> | <p>AS IV Serial no: 111763<br/>Version no: 532B</p> <p>TEST RECORD 00447</p> <p>Temp Date Time 210L</p> <p>Air Blank: 03/11/23 15:03 .000<br/>Calibration Check: 22 03/11/23 15:03 .094</p> <p>Subject Name: <u>Monthly Foster</u><br/>Subject I.D. <u>J Foster 28977</u><br/>Operator Name, I.D. <u>501 Faraon St.</u><br/>Location <u>LEC</u></p> |
|---|---|---|---|



**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:** 15-Feb-2023

**Lot #** AG304601 **Model** 108

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>15-Feb-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>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:02.16.2023 13:50

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**  
**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. Waig*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (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

