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By Tracy Crews at 8:11 am, Jan 12, 2023



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<br>111765   | NAME OF AGENCY<br>Jackson County Sheriff's Office | DATE OF INSPECTION<br>01/10/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4001 NE Lakewood Ct., Lee's Summit, MO, 64064 |   | TIME OF INSPECTION<br>7:46 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>AG114701</u> EXP. DATE <u>05/27/2023</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 ← .102 | TEST 2 ← .102 | TEST 3 ← .101 |
|---------------|---------------|---------------|

- 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 | 2 | (0-.04) | 0 | (.05-.09) | 1 | (.10-.14) | 2 | (.15-.19) | 3 | (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).

|  |                                      |
|--|--------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                      |
| SIGNATURE<br>  | PRINT NAME<br>Dep. S. Stoff #63/0411 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220266 12/02/2024 | TELEPHONE NUMBER<br>(816) 795-1960   |

**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: 111765  
Version no: 532B

TEST RECORD 00521 s/  
Temp Date Time 210L

Air Blank: 01/10/23 19:46 .000  
Calibration Check: 17 01/10/23 19:46 .102

Subject Name Monthly Maint  
Subject I.D. TEST #1  
Operator Name, I.D. STOFF LWS  
Location LCSD G11A

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00522 s/  
Temp Date Time 210L

Air Blank: 01/10/23 19:47 .000  
Calibration Check: 18 01/10/23 19:47 .102

Subject Name Monthly Maint  
Subject I.D. TEST #2  
Operator Name, I.D. STOFF LWS  
Location LCSD G11A

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00523 s/  
Temp Date Time 210L

Air Blank: 01/10/23 19:49 .000  
Calibration Check: 20 01/10/23 19:49 .101

Subject Name Monthly Maint  
Subject I.D. TEST #3  
Operator Name, I.D. STOFF #65  
Location LCSD G11A

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00524 s/  
Temp Date Time 210L

VOID: RFI  
12 01/10/23 19:50

Subject Name Monthly Maint  
Subject I.D. TEST RFI  
Operator Name, I.D. STOFF LWS  
Location LCSD G11A



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:** 1-Jun-2021

**Lot # AG114701 Model 108caccd**

**Exp. Date**

27-May-2023

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

**RGM Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

**RGM Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

**CRM Serial No.**

CC434668

CC234503

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

0056649

0056662

**Concentration**

390.1 ppm

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.06.03 17:37:33 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

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

2

**PERMIT**  
**TYPE II**  
**SEAN R. STOFF**

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 12/2/2022

NUMBER 220266

EXPIRES 12/2/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula 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 STOFF, SEAN  
 Permit No 220266  
 Date Issued 12/2/2022    Date Expires 12/2/2024

