

**RECEIVED**

By Tracy Crews at 8:22 am, May 22, 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 111765	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 05/17/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 9:49 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) *23°* PRINTER WORKING PROPERLY TIME AND DATE DISPLAYING PROPERLY**BREATH ALCOHOL ACCURACY STANDARDS** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Intoximeters LOT # AG114701 EXP. DATE 05/27/2023 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% INCLUSIVETEST 1 *☛* .098TEST 2 *☛* .098TEST 3 *☛* .098 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)	3	(.10-.14)	1	(.15-.19)	0	(OVER .19)	2
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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).

**INSPECTING OFFICER**

SIGNATURE

*[Signature]*

PRINT NAME

Dep. S. Plain #101/0448

TYPE II PERMIT NUMBER/EXPIRATION DATE

220007 01/06/2024

TELEPHONE NUMBER

(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 00558

Temp Date Time 210L

Air Blank: 05/17/23 21:49 .000  
Calibration Check: 23 05/17/23 21:49 .098

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Plan #101*  
Location  
*GHG*

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00559

Temp Date Time 210L

Air Blank: 05/17/23 21:51 .000  
Calibration Check: 23 05/17/23 21:51 .098

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Plan #101*  
Location  
*GHG*

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00560

Temp Date Time 210L

Air Blank: 05/17/23 21:53 .000  
Calibration Check: 24 05/17/23 21:53 .098

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Plan #101*  
Location  
*GHG*

AS IV Serial no: 111765  
Version no: 532B

TEST RECORD 00561

Temp Date Time 210L

VOID: RFI  
12 05/17/23 21:55

Subject Name  
*Monthly Maint.*  
Subject I.D.

Operator Name, I.D.  
*Plan #101*  
Location  
*GHG*



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 108cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	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



**PERMIT**  
**TYPE II**  
**SEAN PLAIN**

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 1/6/2022

NUMBER 220007

EXPIRES 1/6/2024

*Laura A. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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** PLAIN, SEAN  
**Permit No** 220007  
**Date Issued** 1/6/2022 **Date Expires** 1/6/2024

