



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

RECEIVED
 By Tracy Crews at 3:22 pm, Jan 10, 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 111767	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 01/10/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 9:16 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG102503</u> EXP. DATE <u>01/25/2023</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 ➔ .103	TEST 2 ➔ .101	TEST 3 ➔ .100
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- 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).

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 FARAON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 111767 Version no: 532B TEST RECORD 00425 Temp Date Time 210L Air Blank: 01/10/23 09:16 .000 Calibration Check: 21 01/10/23 09:16 .103 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00426 Temp Date Time 210L VOID: RPI 12 01/10/23 09:17 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00427 Temp Date Time 210L Air Blank: 01/10/23 09:18 .000 Calibration Check: 22 01/10/23 09:18 .101 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00428 Temp Date Time 210L Air Blank: 01/10/23 09:20 .000 Calibration Check: 23 01/10/23 09:20 .101 Subject Name Subject I.D. Operator Name, I.D. Location Location
AS IV Serial no: 111767 Version no: 532B TEST RECORD 00425 Temp Date Time 210L Air Blank: 01/10/23 09:16 .000 Calibration Check: 21 01/10/23 09:16 .103 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00426 Temp Date Time 210L VOID: RPI 12 01/10/23 09:17 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00427 Temp Date Time 210L Air Blank: 01/10/23 09:18 .000 Calibration Check: 22 01/10/23 09:18 .101 Subject Name Subject I.D. Operator Name, I.D. Location Location	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00428 Temp Date Time 210L Air Blank: 01/10/23 09:20 .000 Calibration Check: 23 01/10/23 09:20 .101 Subject Name Subject I.D. Operator Name, I.D. Location Location



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-2022

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

Lot # AG102503 Model 108cacc

Exp. Date
25-Jan-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.
EB0010501
EB0010570
EB0010205
EB0010561
EB0010681

Concentration
392.1 ppm
258.8 ppm
206.0 ppm
103.6 ppm
52.12 ppm

RGM Serial No.
EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration
393.0 ppm
258.2 ppm
206.3 ppm
104.2 ppm
52.81 ppm

CRM Serial No.
CC727481
CC727496

Concentration
190.0 ppm
253.0 ppm

CRM Serial No.
CC727493
CC727498

Concentration
390.0 ppm
150.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2022.01.29 13:38:13 -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



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 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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ALCO SENSOR IV SN 111767	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 11/14/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 9:54 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 # AG102503 EXP. DATE 01/25/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

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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

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

Laura G. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210197

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/9/2023

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

