



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 <b>030800</b>	NAME OF AGENCY <b>Jefferson County Sheriff's Office</b>	DATE OF INSPECTION <b>01/25/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>26 Dillon Plaza High Ridge, MO 63049 (JCSO N. Zone Office)</b>		TIME OF INSPECTION <b>1755</b>

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>Intoximeter</u>	LOT # <u>AG305902</u> EXP. DATE <u>02/28/2025</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← <b>.105</b>	TEST 2 ← <b>.104</b>	TEST 3 ← <b>.102</b>
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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).

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<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Zachary Reed #810</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230236 / 10/31/2025</b>	TELEPHONE NUMBER <b>(636 ) 797-5000</b>

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

ASTM Serial no: 0509007  
Version no: 532B

TEST RECORD 00299

Temp Date Time 9/

Air Blank: 01/25/24 17:55 100

Calibration Check: 13 01/25/24 17:55 100

Subject Name  
**Test 1**

Subject I.D.

Operator Name  
**Dr. Reed 810/230236**

Location

ASTM Serial no: 0509007  
Version no: 532B

TEST RECORD 00300

Temp Date Time 9/

Air Blank: 01/25/24 17:59 100

Calibration Check: 16 01/25/24 17:59 100

Subject Name  
**Test 2**

Subject I.D.

Operator Name  
**Dr. Reed 810/230236**

Location

ASTM Serial no: 0509007  
Version no: 532B

TEST RECORD 00301

Temp Date Time 9/

Air Blank: 01/25/24 18:02 100

Calibration Check: 13 01/25/24 18:02 100

Subject Name  
**Test 3**

Subject I.D.

Operator Name  
**Dr. Reed 810/230236**

Location

ASTM Serial no: 0509007  
Version no: 532B

TEST RECORD 00302

Temp Date Time 9/

VOID: RFI 12 01/25/24 18:04

Calibration Check: 12 01/25/24 18:04

Subject Name  
**Test 4 RFI**

Subject I.D.

Operator Name  
**Dr. Reed 810/230236**

Location



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:** 28-Feb-2023

**Lot #** AG305902 **Model** 108

<b>Exp Date</b> 28-Feb-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**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:03.01.2023 17:25

Approved for Release:   
Rod Marsala

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**