



# 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 tim Send copy to Department of Health and Se	e of the regular monthly	preventative mainter	nance check, and wi	nenever instrument is repaired		
ALCO SENSOR IV SN 097430	PRINTER SN 096.3580.928	Jilai ili department ili	DAT	TE OF INSPECTION 4/25/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701			ТІМ	E OF INSPECTION		
CHECKLIST: Place a mark in the box by ea	ach item if found to be sa	itisfactory or if operat	ing within establishe	07 am d limits. (Write in observed val-		
ues where determined.) Unmarked items m  DIGITAL READOUT (ALL ELEMENTS		using instrument.	<u> </u>			
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING PROPERLY	10 0 - 40 0,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-		
		45.00 x 10.00	<del></del>			
TIME AND DATE DISPLAYING PROPE BREATH ALCOHOL ACCURACY STANDA		·				
SIMULATOR SOLUTION		COMPRESSE	ED ETHANOL CAS A	AIVTUBE		
STANDARD SUPPLIER Intoximeters				ED ETHANOL-GAS MIXTURE		
			EXP. DATE 02/			
☐ SIMULATOR TEMPERATURE (34°C ± CALIBRATION CHECK - (ONLY ONE S	·	·		OR EXP DATE		
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	) BETWEEN 0.095% an ) BETWEEN 0.076% an	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	Ē =	A.		
TEST 1 <b>▼</b> 0.079	TEST 2 ≠ 0.079		TEST 3 ≠ 0.079			
RFI DETECTOR OPERATING			3			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0		
List any new parts and describe any alterati- established limits (use other side if necessar	on or modification that v	vas made to restore	the instrument to op			
INSPECTING OFFICER						
#289			PRINT NAME R. Stark	300.000		
19PE II PERMIT NUMBER/EXPIRATION DATE 230174 08/08/2025			TELEPHONE NUMBER (816) 380-8940			
2875 Jan	cohol Program, MO Dep nes Boulevard uff, MO 63901	partment of Health an	d Senior Services, S	outheast District Office		

AS IV Serial no: 097430 Version no: 532B	AS IV Serial no: 097430 Version no: 532J:
TEST RECORD 00999	TEST RECORD 61000
Temp Date Time 210L	Temp Date Time 210L
Air Blank: 04/25/24 06:07 .000 Calibration Check: 21 04/25/24 06:07 .079  Subject Name  Subject I.D.  Decrator Name, 1.D.  HOD Location	Air Blank: 84/25/24 06:10 .000 Calibration Check: 22 04/25/24 06:10 .079  Subject Name  R. STARK #ZM  Subject I.D.  TEST #Z  Operator Name, I.D.  HPD  Location
AS IV Serial no: 097430 Version no: 5328  TEST RECORD 01001  Temp Date Time 210L  Air Blank: 04/25/24 06:12 .000 Calibration Check: 23 04/25/24 06:12 .079  Subject Name  STACK #269  Subject I.D.  Test #3  Operator Name, I.D.  Location	AS IV Serial no: 097430 Version no: 532E  TEST RECORD 01802  5/ Teme Date Time 210L  VOID: RFI 12 04/25/24 06:13  Subject Name  R. STACK #75/ Subject I.D.  Operator Name, I.B.  HPD  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: 16-Feb-2023

Lot # AG304703 Model 108

Exp Date 16-Feb-2025 Cyl. Type 108

Component Ethanol

**Certified Concentration** 

Nitrogen

0.080 ± 0.002 BrAC (218 ppm)

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

**RGM Serial No.** EB0010603 EB0010559 EB0010562 EB0010579 .

392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Concentration

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

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

## RYAN STARK

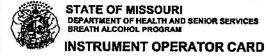
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

#### 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.

DATE8/8/2023	Mile Mason
20000000000000000000000000000000000000	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230174	
EXPIRES 8/8/2025	Daves I. nicholson
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ei in Missour.

Operator STARK, RYAN Permit No 230174

Date Issued 8/8/2023 Date Expires 8/8/2025

