



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

**RECEIVED**  
 By Tracy Crews at 10:06 am, Apr 04, 2024

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>107999 | NAME OF AGENCY<br>Clay County Sheriff's Office | DATE OF INSPECTION<br>04/01/2024 |
|-----------------------------|--|----------------------------------|

|  |                            |
|--|----------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>12 S. Water St., Liberty, MO 64068 | TIME OF INSPECTION<br>2223 |
|--|----------------------------|

**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 type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG221502</u> EXP. DATE <u>08/03/2024</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  .100 | TEST 2  .098 | TEST 3  .097 |
|--------------|--------------|--------------|

- 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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (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>Tom Butkovich    |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230113 - 06/05/2025 | TELEPHONE NUMBER<br>8164073702 |

**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: 107999  
Version no: 532B

TEST RECORD 00461

Temp Date Time 210L

Air Blank:  
04/01/24 22:27 .000  
Calibration Check:  
19 04/01/24 22:27 .100

Subject Name

Test #1

Subject I.D.

Burkovich 2260

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 107999  
Version no: 532B

TEST RECORD 00462

Temp Date Time 210L

Air Blank:  
04/01/24 22:29 .000  
Calibration Check:  
21 04/01/24 22:29 .098

Subject Name

Test #2

Subject I.D.

Burkovich 2260

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 107999  
Version no: 532B

TEST RECORD 00463

Temp Date Time 210L

Air Blank:  
04/01/24 22:31 .000  
Calibration Check:  
22 04/01/24 22:31 .097

Subject Name

Test #3

Subject I.D.

Burkovich 2260

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 107999  
Version no: 532B

TEST RECORD 00464

Temp Date Time 210L

VOID: RFI  
12 04/01/24 22:32

Subject Name

R-RFI Test

Subject I.D.

Burkovich 2260

Operator Name, I.D.

CCSO

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:** 27-Jan-2021

**Lot #** AG102503 **Model** 108caccd

**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:

| <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> |
| CC727481              | 800.0 ppm            | CC727493              | 390.0 ppm            |
| CC727496              | 253.0 ppm            | CC727498              | 150.0 ppm            |

**Analytical Method:** NDIR

Approved for Release:

Rod Marsala

**ISO 17025:2005 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**  
**THOMAS F. BUTKOVICH**

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 6/5/2023

NUMBER 230113

EXPIRES 6/5/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 BUTKOVICH, THOMAS  
 Permit No 230113  
 Date Issued 6/5/2023 Date Expires 6/5/2025

