



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 109482	NAME OF AGENCY St Joseph Police Dept.	DATE OF INSPECTION 04/09/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon st. St. Joseph MO. 64501		TIME OF INSPECTION 2009 hrs

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>AG304601</u> EXP. DATE <u>02/15/2025</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)
 - 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 ← .097	TEST 2 ← .096	TEST 3 ← .096
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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 Jeremy W. Ellis
TYPE II PERMIT NUMBER/EXPIRATION DATE 220124 EXP- 05/11/2024	TELEPHONE NUMBER (816)271-4777

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



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: 15-Feb-2023

Lot # AG304601 **Model** 108

Exp Date 15-Feb-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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:02.16.2023 13:50

Approved for Release: 
 Rod Marsala

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <u>Monthly Tests</u>		DATE OF TEST <u>4-9-2024</u>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <u>109482</u>	LOCATION OF INSTRUMENT <u>501 FARROW ST</u>	
TIME OBSERVATION PERIOD STARTED	TIME OF TEST <u>2013 HRS</u>	
<p><input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u>NA</u>. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 4. Turn printer on.</p> <p><input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</p> <p><input checked="" type="checkbox"/> 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.</p> <p><input checked="" type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button.</p> <p><input checked="" type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.</p> <p><input type="checkbox"/> 10. Press red button to eject mouthpiece.</p> <p><input checked="" type="checkbox"/> 11. Attach printout to this report.</p>		
CERTIFICATION BY OPERATOR		BAC <u>.096</u>
<p>As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:</p> <p><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</p>		
NAME OF OPERATOR <u>Joseph Ellis</u>	PERMIT NO. <u>220124</u>	EXPIRATION DATE <u>5-11-2024</u>
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	

Case Number: _____

AS IV Serial no: 109482
 Version no: 5320

TEST RECORD

Date: 04/09/24 Time: 20:13

Air Blank: 00.00

Calibration Check: 22 04/09/24 20:13 .096

TEST #2

Subject Info: Joseph Ellis

Operator Name, I.D.: 220124

Location: ST JOSEPH MO
501 FARROW ST

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Moathy Test</i>		DATE OF TEST <i>4-9-2024</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>109482</i>	LOCATION OF INSTRUMENT <i>501 FARMER</i>	
TIME OBSERVATION PERIOD STARTED	TIME OF TEST <i>2016 HRS</i>	
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u><i>N/A</i></u> . No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 10. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 11. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.096</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.		
NAME OF OPERATOR <i>Jeremy Ellis</i>	PERMIT NO. <i>220124</i>	EXPIRATION DATE <i>3-11-2024</i>
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)		DATE

Case Number: _____

Printed

AS IV Serial no: 109482
 version no: 532P

TEST RECORD 02211

Temp Date Time 210L

Air Blank: 04/09/24 20:16

Calibration Check: 23 04/09/24 20:16 .8%

Subject Name
Test #3

Subject I.D.
Jeremy Ellis

Operator Name, I.D.
220124

Location
501 FARMER

St Joseph MO.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <u>Monthly Test</u>		DATE OF TEST <u>4-9-24</u>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <u>109482</u>	LOCATION OF INSTRUMENT <u>501 FARADON ST</u>	
TIME OBSERVATION PERIOD STARTED	TIME OF TEST <u>2018 HRS</u>	
<p><input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u>NA</u> No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 4. Turn printer on.</p> <p><input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</p> <p><input checked="" type="checkbox"/> 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.</p> <p><input checked="" type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button.</p> <p><input checked="" type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.</p> <p><input checked="" type="checkbox"/> 10. Press red button to eject mouthpiece.</p> <p><input checked="" type="checkbox"/> 11. Attach printout to this report.</p>		
CERTIFICATION BY OPERATOR		BAC <u>NA</u>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<p><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</p>		
NAME OF OPERATOR <u>Jeremy Ells</u>	PERMIT NO. <u>220124</u>	EXPIRATION DATE <u>5-11-24</u>
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	

Case Number: _____

Fla

AS IV Serial no: 109482
 Version no: 532B

TEST RECORD 02212

Temp Date Time 2101

VOID: RFI
 12 04/09/24 20:18

Subject Name
RFI TEST

Subject I.D.
Jeremy Ells

Operator Name, I.D.
220124

Location
ST JOSEPH MO
501 FARADON ST.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
JEREMY W. ELLIS

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 5/11/2022

NUMBER 220124

EXPIRES 5/11/2024

Laura R. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 ELLIS, JEREMY
 Permit No 220124
 Date Issued 5/11/2022 Date Expires 5/11/2024

