



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 110743 | NAME OF AGENCY Saint Joseph Police Department | DATE OF INSPECTION 01/03/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501 | | TIME OF INSPECTION 10:42 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 # AG304601 EXP. DATE 02/15/2025

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 → 0.100 TEST 2 → 0.102 TEST 3 → .103

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) |
|----------|---------|-----------|-----------|-----------|------------|

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
 230163 Exp-08/07/2025

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 FARARON STREET ST. JOSEPH MO. 64501**

| AS IV Serial no: 110743 Version no: 532B | AS IV Serial no: 110743 Version no: 532B | AS IV Serial no: 110743 Version no: 532B | AS IV Serial no: 110743 Version no: 532B |
|---|---|---|---|
| <p>TEST RECORD 02189</p> <p>Temp Date Time 210L 9/</p> <p>VOID: RFI 12 01/03/24 10:42</p> <p>Subject Name <i>Monthly Testing</i> Subject I.D. <i>Foster John 28977</i> Operator Name, I.D. <i>501 Fararon Street</i> Location <i>Saint Joseph Mo 64501</i> <i>LEC</i></p> | <p>TEST RECORD 02191</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 01/03/24 10:45 .000 Calibration Check: 21 01/03/24 10:45 .100</p> <p>Subject Name <i>Monthly Test</i> Subject I.D. <i>Foster John 28977</i> Operator Name, I.D. Location</p> | <p>TEST RECORD 02192</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 01/03/24 10:47 .000 Calibration Check: 22 01/03/24 10:47 .102</p> <p>Subject Name <i>Monthly Test</i> Subject I.D. <i>Foster John 28977</i> Operator Name, I.D. Location</p> | <p>TEST RECORD 02193</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 01/03/24 10:50 .000 Calibration Check: 22 01/03/24 10:50 .103</p> <p>Subject Name <i>Monthly Test</i> Subject I.D. <i>Foster John 28977</i> Operator Name, I.D. Location</p> |



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 P. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210197

Donald B. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/9/2023

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 FOSTER, JOHN
Permit No 210197
Date Issued 9/9/2021 **Date Expires** 9/9/2023





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) |
|--------------------------------|-------------------------|---|---|

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. | Concentration |
|----------------|---------------|
| EB0010603 | 392.5 ppm |
| EB0010559 | 258.9 ppm |
| EB0010562 | 104.2 ppm |
| EB0010579 | 52.94 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727481 | 800.0 ppm |
| CC727496 | 253.0 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727493 | 390.0 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



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|---|--|----------------------------------|
| ALCO SENSOR IV SN 110743 | NAME OF AGENCY Saint Joseph Police Department | DATE OF INSPECTION 11/06/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501 | | TIME OF INSPECTION 10:18 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.

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STANDARD SUPPLIER Intoximeters LOT # AG304601 EXP. DATE 02/15/2025

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TEST 1 ← 0.095

TEST 2 ← 0.095

TEST 3 ← .095

RFI DETECTOR OPERATING

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REFUSALS (0-.04) (.05-.09) (.10-.14) (.15-.19) (OVER .19)

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).

Updated time to daylight savings.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE

230163 Exp-08/07/2025

TELEPHONE NUMBER

(816) 596-8206

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