

**RECEIVED**  
By Tracy Crews at 7:16 am, Mar 22, 2024



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 111326	NAME OF AGENCY Richland Police Department	DATE OF INSPECTION 03/20/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Chestnut Ave. Richland Mo. 65556		TIME OF INSPECTION 10:05 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u>	LOT # <u>AG332001</u> EXP. DATE <u>11/16/2025</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 ➔ 0.100	TEST 2 ➔ 0.099	TEST 3 ➔ 0.099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Unit is operating within established limits.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>David L. Moser</i>	PRINT NAME David L. Moser
TYPE # PERMIT NUMBER/EXPIRATION DATE 220256 11/09/2024	TELEPHONE NUMBER (573) 765-4144

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

BLANK

1

2

AS IV Serial no: 111326  
Version no: 532B

AS IV Serial no: 111326  
Version no: 532B

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00966

TEST RECORD 00969

TEST RECORD 00970

Temp Date Time 210L

Temp Date Time 210L

Temp Date Time 210L

Air Blank:  
03/20/24 10:05 .000  
Subject Test: Man  
22 03/20/24 10:05 .000

Air Blank:  
03/20/24 10:10 .000  
Subject Test: Man  
23 03/20/24 10:10 .100

Air Blank:  
03/20/24 10:12 .000  
Subject Test: Man  
23 03/20/24 10:12 .099

Subject Name

Subject Name

Subject Name

BLANK  
Subject I.D.

TEST 1  
Subject I.D.

TEST 2  
Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

DWOSER 220256

DWOSER 220256

DWOSER 220256

Location

Location

Location

RICHMOND PD

RICHMOND PD

RICHMOND PD

3

RFI

AS IV Serial no: 111326  
Version no: 532B

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00971

TEST RECORD 00972

Temp Date Time 210L

Temp Date Time 210L

Air Blank:  
03/20/24 10:14 .000  
Subject Test: Man  
24 03/20/24 10:14 .099

VOID: RFI  
12 03/20/24 10:16

Subject Name

Subject Name

TEST 3  
Subject I.D.

RFI  
Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

DWOSER 220256

DWOSER 220256

Location

Location

RICHMOND PD

RICHMOND PD

Blank 1

1

2

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00966

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/20/24 10:05 .000  
Subject Test: Man  
22 03/20/24 10:05 .000

Subject Name

BLANK  
Subject I.D.

Operator Name, I.D.

DWOSER 220256  
Location

RICHMOND PD

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00969

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/20/24 10:10 .000  
Subject Test: Man  
23 03/20/24 10:10 .100

Subject Name

TEST 1  
Subject I.D.

Operator Name, I.D.

DWOSER 220256  
Location

RICHMOND PD

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00970

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/20/24 10:12 .000  
Subject Test: Man  
23 03/20/24 10:12 .099

Subject Name

TEST 2  
Subject I.D.

Operator Name, I.D.

DWOSER 220256  
Location

RICHMOND PD

3

RFI

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00971

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/20/24 10:14 .000  
Subject Test: Man  
24 03/20/24 10:14 .099

Subject Name

TEST 3  
Subject I.D.

Operator Name, I.D.

DWOSER 220256  
Location

RICHMOND PD

AS IV Serial no: 111326  
Version no: 532B

TEST RECORD 00972

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 03/20/24 10:16

Subject Name

RFI  
Subject I.D.

Operator Name, I.D.

DWOSER 220256  
Location

RICHMOND PD



**THE CITY OF RICHLAND, MISSOURI  
RICHLAND POLICE DEPARTMENT**

201 South Chestnut Street  
Post Office Box # 798  
Richland, Mo 65556

**Stephen Sinden**  
Chief of Police

PHONE: (573) 765-4144

Fax: (573) 765-3093

**FACSIMILE TRANSMISSION INFORMATION**

Enclosed is a confidential transmittal, which may be law enforcement sensitive. The entire transmission is intended only for the person (s) and/or organization (s) listed here-in. If this message is received in error, please forward it to the correct person/organization immediately or destroy the entire transmission and contact us at once.

Your access to this information is distribution may be regulated by law and is punishable as such. Thank you for your cooperation.

**FROM: RICHLAND POLICE DEPARTMENT**

Sending Party/Officer: SGT DAVID L. MOSER  
Total Pages Sent: Cover + 4

**SENT TO:**

Organization: MO. SS 3/20/2024 12:15

Attention: \_\_\_\_\_

Fax Number: 573 840 9139

**COMMENTS:**

MONTHLY WARRANT.



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-Nov-2023

**Lot #** AG332001 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
16-Nov-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

**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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
Reason:Dry gas standard certification of analysis  
Location:Airgas USA LLC (Lab)  
Date:11.20.2023 17:28

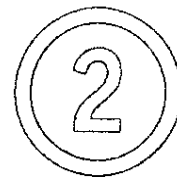
**Approved for Release:** \_\_\_\_\_

Yusef Woods

**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**  
**DAVID L. MOSER**

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**

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 11/9/2022

NUMBER 220256

EXPIRES 11/9/2024

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 MOSER, DAVID  
Permit No 220256  
Date Issued 11/9/2022 Date Expires 11/9/2024

