



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 111629	NAME OF AGENCY University of Missouri	DATE OF INSPECTION 03/12/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Aveune		TIME OF INSPECTION 10:00 pm

**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 # AG211002 EXP. DATE 04/22/2024
- 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  .083	TEST 2  .083	TEST 3  .082
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Kyle Townley
TYPE II PERMIT NUMBER/EXPIRATION DATE 230234 10-24-2025	TELEPHONE NUMBER (573) 882-7202

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: 111629  
Version no: 532B

TEST RECORD 01613

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

Air Blank:  
03/01/24 22:01 .000  
Calibration Check:  
21 03/01/24 22:01 .083

Subject Name  
Monthly Maintenance

Subject I.D.  
Test 1

Operator Name, I.D.  
Townley # 230234

Location  
901 Virginia Ave  
Columbia MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01614

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

Air Blank:  
03/01/24 22:02 .000  
Calibration Check:  
21 03/01/24 22:02 .083

Subject Name  
Monthly Maintenance

Subject I.D.  
Test #2

Operator Name, I.D.  
Townley # 230234

Location  
901 Virginia Ave  
Columbia MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01615

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

Air Blank:  
03/01/24 22:04 .000  
Calibration Check:  
22 03/01/24 22:04 .082

Subject Name  
Monthly Maintenance

Subject I.D.  
Test 3

Operator Name, I.D.  
Townley # 230234

Location  
901 Virginia Ave  
Columbia MO 65211

AS IV Serial no: 111629  
Version no: 532B

TEST RECORD 01616

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

VOID: RFI  
12 03/01/24 22:05

Subject Name  
Monthly Maintenance

Subject I.D.  
RFI test

Operator Name, I.D.  
Townley 230234

Location  
901 Virginia Ave  
Columbia MO 65211



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: 21-Apr-2022

Lot # AG211002 Model 108

Exp Date 20-Apr-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.082 ± 0.002 BrAC (223 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: 04.28.2022 15:35

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

KYLE TOWNLEY

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 DMT**

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 10/31/2023

NUMBER 230234

EXPIRES 10/31/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielsen*

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 TOWNLEY, KYLE  
Permit No 230234  
Date Issued 10/31/2023 Date Expires 10/31/2025

