



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 111659 | PRINTER SN 09B.3589.478 | DATE OF INSPECTION 02/06/2024 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064 | TIME OF INSPECTION 8:17 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|---|--|

| | | |
|---|-----------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> | LOT # <u>AG304002</u> | EXP. DATE <u>02/09/2025</u> |
|---|-----------------------|-----------------------------|

| | | |
|---|--------------------|--------------------------|
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ | SIMULATOR SN _____ | SIMULATOR 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 ➡ .104 | TEST 2 ➡ .104 | 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 | 6 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 2 | (.15-.19) | 1 | (OVER .19) | 3 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Instrument meets all DOHSS standards and guidelines.

INSPECTING OFFICER

| | |
|---|--|
| SIGNATURE <i>C. Bennett #81/0481</i> | PRINT NAME Dep. C. Bennett #81/0481 |
|---|--|

| | |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230195 08/31/2025 | TELEPHONE NUMBER (816) 524-4302 |
|--|------------------------------------|

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00923
Temp Date Time 210L s/

Air Blank: 02/06/24 15:32 .000
Calibration Check: 17 02/06/24 15:32 .104

Subject Name
Test
Subject I.D.
1

Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00924
Temp Date Time 210L s/

Air Blank: 02/06/24 15:36 .000
Calibration Check: 18 02/06/24 15:36 .104

Subject Name
Test
Subject I.D.
2

Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00925
Temp Date Time 210L s/

Air Blank: 02/06/24 15:38 .000
Calibration Check: 19 02/06/24 15:38 .103

Subject Name
Test
Subject I.D.
3

Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00926
Temp Date Time 210L s/

VOID: RFI
12 02/06/24 15:40

Subject Name
Test
Subject I.D.
RFI

Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ



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: 9-Feb-2023

Lot # AG304002 **Model** 108

| | | | |
|-------------------------------|-------------------------|---|---|
| Exp Date 9-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 | 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: 02.09.2023 19:01

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
CHRISTOPHER BENNETT

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 8/31/2023

NUMBER 230195

EXPIRES 8/31/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Richardson

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 **BENNETT, CHRISTOPHER**
Permit No **230195**
Date Issued **8/31/2023** Date Expires **8/31/2025**

