



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:05 am, Jan 04, 2024

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 111763 | 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 9:22 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</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 .096 | TEST 2 .098 | TEST 3 .099 |
|--------------|--------------|--------------|

- 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 FARAON STREET ST. JOSEPH MO. 64501

| AS IV Serial no: | Version no: | TEST RECORD | Temp | Date | Time | g/ 210L |
|--|-------------|-------------|------|------|------|------------|
| 111763 | 532B | 00603 | | | | |
| AS IV Serial no: 111763 Version no: 532B TEST RECORD 00603 Temp Date Time g/ 210L VOID: RFI 12 01/03/24 09:22 | | | | | | |
| Subject Name <u>Monthly Testing</u> Subject I.D. <u>28977</u> Operator Name, I.D. <u>501 Faraon Street</u> Location <u>501 Faraon Street</u> <u>LEC</u> | | | | | | |
| AS IV Serial no: 111763 Version no: 532B TEST RECORD 00604 Temp Date Time g/ 210L Air Blank: 01/03/24 09:40 .000 Calibration Check: 21 01/03/24 09:40 .096 | | | | | | |
| Subject Name <u>Monthly Test</u> Subject I.D. <u>28977</u> Operator Name, I.D. <u>501 Faraon Street</u> Location <u>LEC</u> | | | | | | |
| AS IV Serial no: 111763 Version no: 532B TEST RECORD 00605 Temp Date Time g/ 210L Air Blank: 01/03/24 09:42 .000 Calibration Check: 22 01/03/24 09:42 .098 | | | | | | |
| Subject Name <u>Monthly Test</u> Subject I.D. <u>28977</u> Operator Name, I.D. <u>501 Faraon Street</u> Location <u>LEC</u> | | | | | | |
| AS IV Serial no: 111763 Version no: 532B TEST RECORD 00606 Temp Date Time g/ 210L Air Blank: 01/03/24 09:44 .000 Calibration Check: 22 01/03/24 09:44 .099 | | | | | | |
| Subject Name <u>Monthly Test</u> Subject I.D. <u>28977</u> Operator Name, I.D. <u>501 Faraon Street</u> Location <u>LEC</u> | | | | | | |



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 15-Feb-2023

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG304601 **Model** 108

| | | | |
|-----------------|------------------|---------------------|--------------------------------|
| Exp Date | Cyl. Type | Component | Certified Concentration |
| 15-Feb-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 |
|----------------|---------------|
| 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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| | | |
|---|--|----------------------------------|
| ALCO SENSOR IV SN 111763 | NAME OF AGENCY Saint Joseph Police Department | DATE OF INSPECTION 12/06/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501 | | TIME OF INSPECTION 10:07 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)

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- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 • .095

TEST 2 • .094

TEST 3 • .094

RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

| | | | | | |
|----------|---------|-----------|-----------|-----------|------------|
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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

John L. Foster

TYPE # 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.



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

NUMBER 210197

EXPIRES 9/9/2023

Laura P. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 680-0771 (6-10)

 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

