



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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 03/07/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501	TIME OF INSPECTION 10:11 am
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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 .095

TEST 2 .094

TEST 3 .093

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME John L. Foster
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230163 Exp-08/07/2025	TELEPHONE NUMBER (816) 596-8206
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT ASIV- W/PRINTER

<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00631</p> <p>Temp Date Time 210L s/</p> <p>VOID: RFI 12 03/04/24 10:10</p> <p>Subject Name _____</p> <p>Monthly Test Subject I.D. _____</p> <p>Foster - Blk 18977 Operator Name, I.D. _____</p> <p>501 Tacona Street Location _____</p> <p>Saint Joseph Ave 64501 LEC</p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00632</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 03/04/24 10:12 .000 Calibration Check: 21 03/04/24 10:12 .095</p> <p>Subject Name _____</p> <p>Monthly Test Subject I.D. _____</p> <p>Foster - Blk 18977 Operator Name, I.D. _____</p> <p>Location _____</p> <p>LEC</p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00633</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 03/04/24 10:14 .000 Calibration Check: 22 03/04/24 10:14 .094</p> <p>Subject Name _____</p> <p>Monthly Test Subject I.D. _____</p> <p>Foster - Blk 18977 Operator Name, I.D. _____</p> <p>Location _____</p> <p>LEC</p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00634</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 03/04/24 10:16 .000 Calibration Check: 23 03/04/24 10:16 .093</p> <p>Subject Name _____</p> <p>Monthly Test Subject I.D. _____</p> <p>Foster - Blk 18977 Operator Name, I.D. _____</p> <p>Location _____</p> <p>LEC</p>
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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)
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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: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



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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 8/7/2023

NUMBER 230163

EXPIRES 8/7/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 230163
Date Issued 8/7/2023 **Date Expires** 8/7/2025

