



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 111765 | NAME OF AGENCY Jackson County Sheriff's Office | DATE OF INSPECTION 01/04/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064 | | TIME OF INSPECTION 8:15 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 # AG304002 EXP. DATE 02/09/2025

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 ← .100 | TEST 2 ← .098 | TEST 3 ← .098 |
|---------------|---------------|---------------|

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 | 4 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 3 | (.15-.19) | 1 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 DHSS standards and guidelines.

INSPECTING OFFICER

| | |
|--|--|
| SIGNATURE ▶ | PRINT NAME Dep. C. Bennett #81/0481 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230195 08/31/2025 | TELEPHONE NUMBER (816) 795-1960 |

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: 111765
Version no: 532B

TEST RECORD 00642

Temp Date Time 210L ^{g/}

Air Blank: 01/03/24 20:15 .000

Calibration Check: 20 01/03/24 20:15 .100

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

BENNETT 230195

Location

SSSD GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00643

Temp Date Time 210L ^{g/}

Air Blank: 01/03/24 20:17 .000

Calibration Check: 22 01/03/24 20:17 .098

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

BENNETT 230195

Location

SSSD GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00644

Temp Date Time 210L ^{g/}

Air Blank: 01/03/24 20:19 .000

Calibration Check: 23 01/03/24 20:19 .098

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

BENNETT 230195

Location

SSSD GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00645

Temp Date Time 210L ^{g/}

VOID: RFI 12 01/03/24 20:20

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

BENNETT 230195

Location

SSSD 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

2

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

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

David F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

MO 590-0771 (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**

