



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 10:03 am, Mar 30, 2020

**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 002005	PRINTER SN 096.3580.878	DATE OF INSPECTION 03/14/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137	TIME OF INSPECTION 10:58 pm
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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 # AG905605 EXP. DATE 02/25/2021

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 .083

TEST 2 .081

TEST 3 .081

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	2	(OVER .19)	2
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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 Magers, Nathan #5243
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290118 05/29/2021	TELEPHONE NUMBER (816) 482-8220
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**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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME	DATE OF TEST
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO. <b>002005</b>	PRINTER SERIAL NO. <b>096.3580.878</b>	LOCATION OF INSTRUMENT
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by Magars  
 No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

**CERTIFICATION BY OPERATOR**

BAC \_\_\_\_\_

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>Magars</b>	PERMIT NO. <b>290118</b>	EXPIRATION DATE <b>05/29/2021</b>
WITNESS (IF ANY)		DATE



AS 10 Serial no: 602005  
Version no: 5320

TEST RECORD - REPORT

TEST RECORD 002005

Temp Mile Time <sup>W</sup> 210L

Air 21mils  
03/14/20 22:50 .080  
Calibration Check  
24 03/14/20 22:50 .083

Subject Name:

Subject I.D.

Test 1

Operator Name: J.D.

Location

Mages SW

AS 10 Serial no: 602005  
Version no: 5320

TEST RECORD 002006

Temp Mile Time <sup>W</sup> 210L

Air 20 mils  
03/14/20 23:02 .086  
Calibration Check  
24 03/14/20 23:02 .081

Subject Name:

Subject I.D.

Test 2

Operator Name: J.D.

Mages SW

Location

AS 10 Serial no: 602005  
Version no: 5320

TEST RECORD 002001

Temp Mile Time <sup>W</sup> 210L

Air 21mils  
03/14/20 23:04 .080  
Calibration Check  
24 03/14/20 23:04 .081

Subject Name:

Subject I.D.

Test 3

Operator Name: J.D.

Mages SW

Location

AS 10 Serial no: 602005  
Version no: 5320

TEST RECORD 002002

Temp Mile Time <sup>W</sup> 210L

Air 20 mils  
03/14/20 23:06

Subject Name:

Subject I.D.

Test 4

Operator Name: J.D.

Mages SW

Location



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

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**AIRGAS**

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7928

**PERMIT**  
TYPE II

NATHAN I MAGGERS

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, INTOXILYZER 8000**

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 5/29/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290118

EXPIRES 5/29/2021

MO 589-071 (6-19)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB 4 (PB-0)

**Certificate of Analysis**

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

Lot # **AG905605 Model 108cacc**

Exp. Date  
25-Feb-2024

Cyl. Type  
108  
Component  
Ethanol  
Nitrogen

Certified Concentration  
0.062 ± 0.002 BAC (223 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM and to GRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	258.2 ppm
EB0010570	259.8 ppm	EB0010559	208.3 ppm
EB0010285	208.0 ppm	EB0010595	104.2 ppm
EB0010561	103.6 ppm	EB0010562	52.81 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
GRM Serial No.	Concentration	GRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: **NDIR**

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

**INSTRUMENT OPERATOR CARD**

The named candidate is authorized to operate an evidentiary breath alcohol instrument for the determination of the alcoholic content in breath from or expired air to Missouri.

Operator: **MAGGERS, NATHAN**  
Permit No: **290118**  
Date Issued: **5/29/2019** Date Expires: **5/29/2021**

Published by Quality Control  
Division of the Missouri Department of  
Health and Senior Services  
Responsible for the calibration and  
operation of the instrument of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07