



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 002005	PRINTER SN 096.3580.878	DATE OF INSPECTION 05/23/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137		TIME OF INSPECTION 5:55 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 # 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  .080	TEST 2  .079	TEST 3  .081
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- 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)	0	(OVER .19)	0
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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
TYPE II PERMIT NUMBER/EXPIRATION DATE 290118 05/29/2021	TELEPHONE NUMBER (816) 482-8220

**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 10 Serial no: 002065  
Version no: 5020

TEST RECORD: 00206

Test Date Time 210L

Mr. Blank  
12/20/20 12:35 .000  
12/20/20 12:35 .000

Subject Name

Test 1

Subject I.D.

Inspector Name, I.D.

Magers 5247

Location

AS 10 Serial no: 002065  
Version no: 5020

TEST RECORD: 00206

Test Date Time 210L

Mr. Blank  
12/20/20 12:36 .000  
12/20/20 12:36 .000

Subject Name

Test 2

Subject I.D.

Inspector Name, I.D.

Magers 5247

Location

AS 10 Serial no: 002065  
Version no: 5020

TEST RECORD: 00206

Test Date Time 210L

Mr. Blank  
12/20/20 12:37 .000  
12/20/20 12:37 .000

Subject Name

Test 3

Subject I.D.

Inspector Name, I.D.

Magers 5247

Location

AS 10 Serial no: 002065  
Version no: 5020

TEST RECORD: 00206

Test Date Time 210L

Mr. Blank  
12/20/20 12:38 .000

Subject Name

Test 4

Subject I.D.

Inspector Name, I.D.

Magers 5247

Location

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.

<b>CERTIFICATION BY OPERATOR</b>	BAC
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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	





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

PERMIT  
TYPE II

NATHAN I MAGERS

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 806.111 through 806.119 RSMo.

DATE 5/29/2019 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290118

EXPIRES 5/29/2021 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 59-071 (6-10) LHA-09-01



**AIRGAS**

Airgas USA LLC (L4B)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Pw: (314) 533-3100  
Fax: (314) 533-7328

**Certificate of Analysis**

Customer Name  
Exclusive Supplier  
Inboxmeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63145

Lot # AG905605 Model 108ccad

Exp. Date  
25-Feb-2021

Certified Concentration  
0.082 ± 0.002 BAC (223 ppm)  
Balance

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

RGW Serial No.  
EB0070587  
EB0040570  
EB0040285  
EB0040581

Concentration  
392.1 ppm  
259.8 ppm  
208.0 ppm  
103.6 ppm  
52.12 ppm

CRW Serial No.  
CC434668  
CC2344503

Concentration  
800.0 ppm  
253.0 ppm

Analytical Method: NDIR

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**

This manual 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: **MAGERS, NATHAN**  
Serial No. **290118**  
Data Based Station **5929021** Date Expires **05/29/2021**

Digitally signed by Quality Control  
Date: 2019.02.25 16:02:56 -0500  
Location: Airgas USA, LLC (L4B)

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