



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 12:00 pm, Aug 14, 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 <b>002005</b>	NAME OF AGENCY <b>Kansas City MO PD</b>	DATE OF INSPECTION <b>08/03/2020</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 Marion Park Drive, Kansas City MO 64137</b>	TIME OF INSPECTION <b>1708</b>
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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) 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) **1**

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 <b>.081</b>	TEST 2 <b>.081</b>	TEST 3 <b>.082</b>
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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-.04) <b>1</b>	(.05-.09) <b>0</b>	(.10-.14) <b>4</b>	(.15-.19) <b>0</b>	(OVER .19) <b>1</b>
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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 by mail, fax, or email.

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00318

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/07/20 17:17 .000  
Calibration Check:  
26 08/07/20 17:17 .081

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Mages S245

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00320

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/07/20 17:21 .000  
Calibration Check:  
27 08/07/20 17:21 .082

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Mages S245

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00319

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/07/20 17:19 .000  
Calibration Check:  
26 08/07/20 17:19 .081

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Mages S245

Location

AS IV Serial no: 002005  
Version no: 532B

TEST RECORD 00321

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 08/07/20 17:23

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Mages S243

Location



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

2

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 577.044, RSMo and 806.111 through 806.119 RSMo.

DATE 5/29/2019

NUMBER 20011R

EXPIRES 5/29/2021

MO 800-8771 (6-0)

*Nathan I Magers*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Nathan I Magers*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB4 (06-0)

**Airgas**

Airgas USA LLC (LAB)  
3600 Bennett Street  
Sk. Lotts, Mo. 63403  
Ftr. (814) 588-3100  
Fax: (814) 588-7328

Certificate of Analysis

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

Test Date: 26-Feb-2019

Lot # **AG905605 Model 108caod**

Inv. Date  
25-Feb-2021

Comp. Type  
Ethanol  
Nitrogen

Certified Concentration  
0.092 ± 0.002 EtAC (228 ppm)  
Balance

Certification Traceable to NIST, RGM and to CRW Ethanol Standards:

CRM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	352.1 ppm	EB0010603	363.0 ppm
EB0010570	288.8 ppm	EB0010589	288.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC234503	800.0 ppm	0086649	390.1 ppm
	253.0 ppm	0086662	150.2 ppm

Analytical Method: **NDIR**

Digitally signed by Cassidy Cristof  
Date: 2019.02.25 14:30:45 -0500  
Reason: My gas alcohol certification 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

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

**INSTRUMENT OPERATOR CARD**

This manual cardholder is authorized to operate an approved breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: **MAGERS, NATHAN**  
Permit No. **20011R**  
Date issued **02/29/19** Date Expires **5/29/2021**