



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 8:32 am, Sep 21, 2020

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	NAME OF AGENCY Kansas City MO PD	DATE OF INSPECTION 09/10/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137	TIME OF INSPECTION 0018
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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)

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	.082	TEST 2	.081	TEST 3	.083
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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 1	(0-.04) 0	(.05-.09) 1	(.10-.14) 4	(.15-.19) 3	(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**

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 00337

Temp Date Time ^{s/} 210L

Air Blank:
09/10/20 00:18 .000
Calibration Check:
23 09/10/20 00:18 .082

Subject Name
Test 1

Subject I.D.

Operator Name, I.D.

Magers S243
Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00339

Temp Date Time ^{s/} 210L

Air Blank:
09/10/20 00:22 .000
Calibration Check:
24 09/10/20 00:22 .083

Subject Name
Test 3

Subject I.D.

Operator Name, I.D.

Magers S243
Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00338

Temp Date Time ^{s/} 210L

Air Blank:
09/10/20 00:20 .000
Calibration Check:
24 09/10/20 00:20 .081

Subject Name
Test 2

Subject I.D.

Operator Name, I.D.

Magers S243
Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00340

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/10/20 00:24

Subject Name
Test 4

Subject I.D.

Operator Name, I.D.

Magers 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 5/20/2021

NUMBER 200118

EXPIRES 5/20/2021

MO 806-071 (6-0)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Lab-4 (6-0)

AIRgas

Airgas USA LLC (LAE)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 883-3100
Fax: (314) 883-7328

Certificate of Analysis

Customer Name
Exlusive Supplier
Inoximeters, Inc.
2081 Craig Road
St. Louis, MO 63148

Test Date: 26-Feb-2019

Lot # **AG905605 Model 108capd**

Exch. Date
25-Feb-2021

Cyl. Type
.108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 EtAC (228 ppm)
Ethanob

Certification Traceable to N.I.S.T. RM and to CRM Ethanol Standards:

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010681	392.1 ppm	EB0010693	398.0 ppm
EB0010670	259.8 ppm	EB0010589	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010581	103.6 ppm	EB0010582	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC234668	800.0 ppm	0056649	390.1 ppm
CC234603	253.0 ppm	0056662	150.2 ppm

Analytical Method: **NDIR**

Digitally signed by Clarity Control
Reason: I, the signer, have signed the
document. Location: Airgas USA LLC (LAE)

Approved for Release:

[Signature]
Rod Marsala

ISO 17025:2005 A2LA accredited, Certificate Number 3062.06
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 instrument operator's authorization is granted on condition that the operator shall adhere to the provisions of the Missouri Statute for Breath Test at request of Missouri State Police.

Operator: **MAGERS, NATHAN**
Permit No: **200118**
Date Issued: **5/20/2019** Date Expires: **5/20/2021**