



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	NAME OF AGENCY Kansas City MO PD	DATE OF INSPECTION 11/20/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137		TIME OF INSPECTION 1947

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 # AG010103 EXP. DATE 04/10/2022

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 ➡	.083	TEST 2 ➡	.082	TEST 3 ➡	.082
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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)	0	(.10-.14)	2	(.15-.19)	4	(OVER .19)	1
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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 by mail, fax, or email.

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00375

Temp Date Time 210L ^{s/}

Air Blank:
11/20/20 19:47 .000
Calibration Check:
21 11/20/20 19:47 .003

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Mages S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00376

Temp Date Time 210L ^{s/}

Air Blank:
11/20/20 19:49 .000
Calibration Check:
22 11/20/20 19:49 .002

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Mages S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00377

Temp Date Time 210L ^{s/}

Air Blank:
11/20/20 19:51 .000
Calibration Check:
23 11/20/20 19:51 .002

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Mages S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00378

Temp Date Time 210L ^{s/}

VOID: RTI
12 11/20/20 19:53

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Mages S243

Location



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



PERMIT
TYPE II

NATHAN I MAGERS

Permittee 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

the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 572.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

5/29/2019

MEMBER 290118

PHRES 5/29/2021

0-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (6-10)



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

Lot # AG010103 Model 108CacD

Exp. Date
10-Apr-2022

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 B/A/C (223 ppm)
Balance

Test Date: 13-Apr-2020

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010589	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM 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

This permit card authorizes the operator to operate an evidential breath alcohol instrument for the determination of the alcoholic content of breath in Missouri.

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

Digitally signed by Quality Control
Date: 2020.04.14 18:17:07 -0500
Reason: I agree (Airgas USA LLC [Lab])

Approved for Release:
Rod Marsala

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